

Iowa CASA Advocate Pre-Service Training

Iowa Child Advocacy Board

Module 4
Practicing the CASA Role:
Children & Communication

In-person



FACILITATOR NOTES**Module 4: Welcome, Agenda, Introductions and Outcomes**

Equipment/Supplies

- Projector and screen / laptop
 - Easel, pad and markers
 - Tent Cards
 - Flip Chart Post-it - Parking Lot
 - PowerPoint Slides
 - Slide: *Learning Outcomes*
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What you should know

- 20 minutes for introductions and welcome
 - It is important to help everyone feel comfortable to create a friendly atmosphere. Adults are better learners when they are relaxed.
 - In addition, emphasize how important the session is for understanding the fundamental aspects of their new role and that it will require everyone's full participation.
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What to say/do

- **CUE SLIDE** – CASA Advocate Pre-Service Training – Module 4
- As participants arrive, ask that they make a name tent.
- Welcome everyone to the session and introduce yourself. Share “housekeeping” items (restrooms, parking, etc.)
- Ask participants to take two minutes to introduce themselves by asking them to tell their name, their experience of their "growing up" family and one word to describe why they decided to be a CASA Advocate. The icebreaker should be low key because the participants may not know each other and will not yet be at ease.
- It's a good idea when we work together as a group to develop Guidelines for Working Together that will apply during the two day training. Invite the participants to identify a rule they think is important and list it on a flip chart. These 'rules' often include:
 - Cell phones set to silent
 - Stepping out of the room if needed to take a call
 - Respect everyone's ideas
 - Refrain from side conversations
 - Allow everyone the opportunity to speakAsk the group if they agree with the rules they have developed and will abide by them.
- Remind everyone of the Parking Lot concept that was used in Module 2 training. The purpose of the Parking Lot is to record topics of interest to the group that are not included in the agenda and there is insufficient time to cover in the session. The topics can be discussed with the individual concerned or with the group, if of interest to everyone, at an agreed future time.
- Remind everyone that the session is the first of two days and will last seven hours. Explain that the purpose of today's session is to practice the "work" that CASA Advocates do in relation to the principles and concepts that guide the CASA program.
- **CUE SLIDE** - Keeping that in mind, review the Learning Outcomes for Module 4.
 - Describe the information in a child's Case Permanency Plan.
 - Identify children's needs based on their developmental stage and individual circumstances.
 - Describe why permanency is so important for children.
 - Demonstrate and practice communication and interviewing skills.
 - Define why confidentiality is paramount for Advocates and the children/families they are representing.
 - Refer participants to Agenda items 1-9 in their manual.

Learning Outcomes

The Participants Will:

- Describe the information in a child's Case Permanency Plan.
- Identify children's needs based on their developmental stage and individual circumstances.
- Describe why permanency is so important for children.
- Demonstrate and practice communication and interviewing skills.
- Define why confidentiality is paramount for Advocates and the children/families they are representing.

Agenda

1. Welcome, Introductions, Learning Outcomes and Ground Rules
2. First Steps to Understanding a Case and the Case Permanency Plan
3. Understanding Child Development and Needs
4. Understanding Attachment, Separation and Loss
5. Educational Advocacy/Psychological Needs of Children
6. Permanency Needs of Children
7. Communication Principles, Listening and Practicing Interviewing
8. Confidentiality
9. Wrap Up, Evaluation and Preparation for Module 5



FACILITATOR NOTES**Module 4: Introduction**

Equipment/Supplies

- Module 3: Personal Study
 - SLIDE: *Myers Case Timeline*
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What you should know

- Advocates will have completed the personal study, Module 3: Exploring the Concepts in CASA Advocacy, prior to Module 4.
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What to say/do

- This session builds on information the participants have received in Modules 1, 2 and 3. Explain that this session is a continuation of all the training completed to date. Remind advocates of the 4 to 5 hours of personal study and case material they've already completed and that we will be touching on that material throughout the day.
- Ask the participants if they have any questions based on what they've learned so far in the training.
- Module 1 touched on a few of the main concepts of CASA Advocacy such as consideration of the Minimum Sufficient Level of Care standard, the Best Interest principle and Permanency for children.
- Module 2 began a bit more in depth discovery of the history of child advocacy, the principles and values that guide various child welfare laws and introduced you to the Myers family and the case study documents.
- Finally, in Module 3, you learned more about children and families; their strengths, their struggles and the importance of considering all of this through a culturally sensitive lens.
- **CUE SLIDE** - Show the *Myers Case Timeline* slide. Tell the participants about where we are in the case (April 2007 following Review Hearing) and that we will be moving towards preparation for a permanency hearing during this module of training.

Introduction

This pre-service training continues to provide you the opportunity to acquire the skills, knowledge, and attitudes needed to be a CASA Advocate for children. This module builds on information you've already received and concepts you began to explore in Modules 1, 2 and 3. Module 1 touched on a few of the main concepts of CASA Advocacy such as consideration of the Minimum Sufficient Level of Care standard, the Best Interest principle and Permanency for children. Module 2 began a bit more in depth discovery of the history of child advocacy, the principles and values that guide various child welfare laws and introduced you to the Myers family and the case study documents. Finally, in Module 3, you learned more about trauma, children and families; their strengths, their struggles and the importance of considering all of this through a culturally sensitive lens.

The purpose of today's session is to discuss in more depth how the guiding principles and concepts of advocacy work apply to the CASA Advocate role. You will practice applying your understanding of the sample case to your advocacy role within the child welfare and juvenile court system. In addition, we will consider in more depth the complexity of the system, family and child issues, and the need for permanency, while simultaneously keeping in mind how what is best for children may conflict with our personal biases.



FACILITATOR NOTES**Module 4: First Steps of Understanding the Case**

Equipment/Supplies

- Easel and pad
- Markers (at least 2 different colors)
- Slide: *Myers Case Timeline*

What you should know

50 minutes total for information on Case Permanency Planning

Information about The Adoption and Safe Families Act (ASFA) if you are not familiar

What to say/do

- **CUE SLIDE** - Remind participants that they have now read all the materials about the Myers family. They've had a review hearing in April, were able to read the DHS case plan, CASA Report and Court Order from the April Hearing. Our Advocates are now preparing for a permanency hearing in June.
- Parents are a child's best advocate, but there are times when parents are not able to fulfill this role.
- The children served by the CASA program are confirmed victims of abuse or neglect. DHS has determined that abuse or neglect has occurred
- It is not the Advocate's job to re-investigate the abuse/neglect. Advocates work under the assumption that DHS made a correct finding.
- The Adoption and Safe Families Act (ASFA) addresses many things about a child's out of home placement including:
 - Timelines for placement
 - Concerns for safety and well-being while a child is in placement
 - Reasonable efforts need to take place
 - A concurrent plan is needed

Group Discussion ACTIVITY (10 minutes including discussion)

- Ask the participants to think of what children need. In Module 2, we learned about the needs of children for safety and permanency. In Module 3, we learned about the needs of children. To begin, discuss what do children need? When considering a well-rounded child, what does that child need? Make a list of needs on a flip chart page.
- Next ask the group to consider which of those needs are a **child protective need (needs which address safety, permanency and well-being)**. Put a check mark in a different color by the protective needs. Demonstrate that the protective needs are those things which are listed in a child's Case Permanency Plan. Remind advocates that the expectation of law and our own personal expectations may be two completely different ideas. This is why the Minimum Sufficient Level of Care Standard exists; to take personal values out of the equation when considering the needs of a child.
- Finally, ask the group to think back to the very beginning of the Myers case. Which of the needs or which children's needs were completely unmet at the time of removal? Circle any of the needs on the flip chart that the group identifies. Food, mental health needs, adequate supervision, education, appropriate parenting skills. Turn to next facilitator page to talk about the Iowa Case Permanency Plan and life domains.

What are the First Steps to Understanding a Case?

Children served by the CASA Program come to the court's attention because their parents or caretakers are not meeting their most basic needs for food, clothing, shelter, or security. Usually, parents are their children's best advocate. A CASA Advocate is needed when the parents or caregivers cannot fulfill that advocacy role adequately. To make sure these children are protected from maltreatment, the child protection system removes many of them from their homes and their primary relationships. While removal from the home may be necessary to ensure the children's safety, it does not come without consequences.

An Advocate needs to know about age appropriate behaviors, assess if children's needs are or are not being met appropriately, understand attachment and children's sense of time, and grasp the crucial nature of permanency. Transition issues for youth aging out of the system and using a case plan are also important. Remember, the court and DHS are always considering what is minimally required to parent a child and meet their needs. This concept, called the Minimum Sufficient Level of Care, is used to ensure that personal values and judgment are not considered when determining if a child is safe in their home.

As an Advocate:

- The Adoption and Safe Families Act (ASFA) of 1997 is what will guide your work, along with the work of DHS and the Court. ASFA maintains that the health and safety of children removed from their homes is paramount.
- Foster care is intended to be temporary and reasonable efforts to reunify children with their families must be in the forefront at all times. ASFA also mandates a concurrent plan must be developed for each child in care. The concurrent plan is considered "Plan B" for the child's permanency.
- ASFA also took into account the developmental needs of children and a child's sense of time, by creating timelines for permanency.

FACILITATOR NOTES**Module 4: First Steps to Understanding a case**

Equipment/Supplies

- Slide: *Chart regarding Life Domains*
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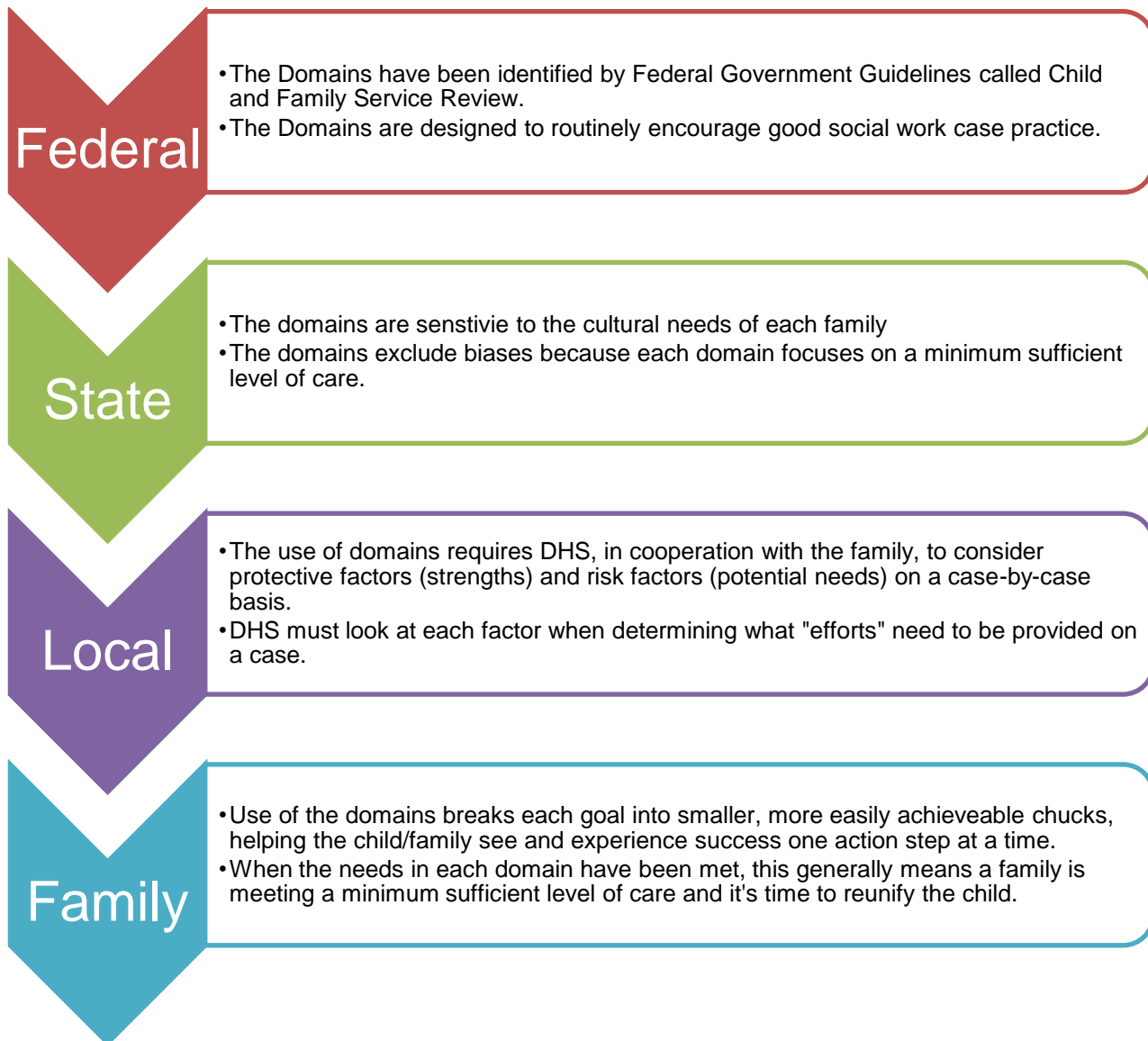
What you should know

- 10 minutes for pages 4 and 5
-

What to say/do:

- Advocates sometimes struggle with thinking about their case in terms of Life Domains. It's easy to know when something in a case doesn't feel right, but it can be difficult to articulate why it's important for case outcomes.
- **CUE SLIDE** - The chart on page 4 helps explain why we focus on Life Domains at every level. The life domains:
 - help to encourage good social work practice
 - are sensitive to the cultural needs of families
 - help determine what is "reasonable" in reasonable efforts
 - break each goal of the case plan into meaningful, more manageable chunks.
- These concepts are important for Advocates because they:
 - Help Advocates think about the "whole picture" i.e. What will it take to create a well-rounded, safe family?
 - Help Advocates maintain objectivity
 - Help Advocates determine if needs are not being met
 - Help Advocates explore barriers to meeting the needs
 - Help Advocates recognize system-induced trauma so it can be minimized
 - Help Advocates recognize when it's time to reunify families

Overview of Case Permanency Plan, Family Functioning Domains



Why is this level of critical thought important for CASA Advocates?

- Helps Advocates think about the "whole picture" i.e. What will it take to create a well-rounded, safe family?
- Helps Advocates maintain objectivity
- Helps Advocates determine if needs are not being met
- Helps Advocates explore barriers to meeting the needs
- Helps Advocates recognize system-induced trauma so it can be minimized
- Helps Advocates recognize when it's time to reunify families

FACILITATOR NOTES**Module 4: First Steps of Understanding the Case**

Equipment/Supplies

- DHS Case Plan for Jackson since it has sections A, B & C, April 2007, beginning on p 99
 - Handout #1: *Advocate Case Action Plan, beginning on page 3*
 - Slide: *Iowa Case Permanency Plan*
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What you should know

- Be familiar with the April 2007 case plan on this case, pages 99 to 111 in the case documents. Be prepared to answer questions about the case plan structure and questions directly related to this case.
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What to say/do

- Ask Advocates to turn to the case plan for the three children dated 4-13-07, p 99 in the Myers case documents. Walk the participants through the case plan, explaining each section and the information that can be found in each section.
- **CUE SLIDE:** *Iowa CPP*

Section A: There is a Section A for each child in the case. It includes: demographic information, current placement address, placement history, service history, history of court dates. Note the number of placements that can happen for children. Advocates can help decrease placements by advocating for supports for relative and foster caregivers.

Section B: There may be only one section B for the entire family. It addresses the Family Functioning Domains that every child and family needs to be successful. Each domain lists strengths or needs of this family, lists goals (what will things look like when this is no longer a problem) and the steps that need to be taken to achieve the goals. Each step has a date created/modified and a date completed.

It also includes a Review section which allows the DHS Case Manager to provide a narrative update of the plan.

The final piece of Part B is the signatures and notification section. By acknowledging participation in the development of the plan, the individual acknowledges that he/she will play a role in helping the family meet the goals in the plan.

Section C: This section is used when a child has been removed from his/her home. Every child is supposed to get his/her own section C. This is the child placement plan. This piece addresses many of the requirements of ASFA: (explain these if necessary) reasonable efforts, the permanency plan, concurrent goal, timelines for ASFA, visitation between parent and child, health and mental health concerns and records for the child, the child's educational needs, the needs of children and transition plan for 14+ and older youth as they transition into adulthood.

- Remind Advocates that DHS is required to complete a case plan on each family. However, in some areas of the state, judges may not like the case plan and instead ask DHS to submit a separate Report to the Court. Others have asked for a Contract of Expectations, which is a "refrigerator list" of requirements that need to be completed prior to the court dismissing the case. DHS and parents both sign this and it gets submitted to the court.

Iowa Case Permanency Plans have three sections, A, B & C

- Section A gives information
 1. demographic information (addresses, dates of birth, etc)
 2. placement history
 3. history of services that DHS has authorized for the child
 4. a list of past court hearings.
- Section B is the core of the case plan
 1. addressing the family functioning domains of Child Well-being, Parental Capabilities, Family Safety, Family Interactions and Home Environment.
 2. The Department of Human Services (DHS) will identify strengths and needs in each domain, as well as list goals and action steps to meet those goals.
- Section C addresses the child's needs in his/her out-of-home placement setting.
 1. states the permanency goal for the child along with information specific to visitation, health and education.
 2. will also be completed for children aged 14 and older since it addresses the needs of older youth as they transition into adulthood.

DHS is required to complete a case plan for every child. However, DHS often prepares only one "Section B" for the entire family. Because judges throughout the state have different expectations regarding the case plan, some local variations occur. Federal law states that case plans must be written and placed in the child's case record. Some judges prefer to receive the information in other ways, such as a detailed *Report to the Court* authored by the DHS Case Manager or a *Contract of Expectations* signed by the parent and DHS.

FACILITATOR NOTES**Module 4: First Steps of Understanding the Case**

Equipment/Supplies

- Slide: *Activity - Identifying Needs*
 - DHS Case Plan for Jackson since it has sections A, B & C, same comment above
 - Handout #1: *Advocate Case Action Plan, beginning on page 3*
-

What you should know

Be familiar with the case plan on this case. Be prepared to answer questions about the case plan structure and questions directly related to this case.

What to say/do cont'd (from previous facilitator note page)

- Ask questions of the group about the case plan. For example:
 - Where could you find a placement address or phone number for parents or a foster home?
 - Where could you learn the history of services offered to the family?
 - Where could you read the last review that was done by the DHS case manager?
 - What can the ASFA portion of Section C tell you about the child's time in care?

ACTIVITY: (20 minutes including reading and discussion)

- **CUE SLIDE:** Ask participants to refer to Case Plan on page 99 to complete this activity.
- Ask participants to return to HANDOUT #1 *Advocate Case Action Plan: Part 2*. If a participant does not have one, provide a copy. Page 3 in the *Advocate Case Action Plan: Part 2 Handout #1* begins with all the children's needs.
- Ask participants to complete the chart for all three children considering if the need is being met with no concern, met at a minimum level or if a need is unmet in their current placement.
- Discuss if there are any needs that are currently unmet/not being addressed in the children's respective placements. Basic needs of food, clothing and shelter for the children are met. Other needs for the most part are met minimally. Ask the participants if they felt any need was unmet. Potential minimally met or unmet needs could include: Aubrey & mom's relationship strained-trust issues, Shiloh bed-wetting/nightmares, Sibling contact/visits very limited, Mom not following through with contacting Jackson-phone sessions, Jackson aggressive/behavioral issues. Listen for statements that reflect whether their feeling is related to Minimum Sufficient Level of Care, or is the statement referencing an advocate's values. It's necessary for Advocates to remain mindful of unmet needs.
- Talk about what is happening and the services being provided to ensure that those needs that are being met while in care. Do you believe those needs would continue to be met if the children were returned home today?
- Refer back to the flip chart and decide as a group whether this should be something that could be something listed as a possible concern in a CASA report.

Activity - Identifying Needs: As you read the Case Permanency Plan Part B (page 103 in the case study), think about what the children in the Myers case study need that is not currently being addressed since moving to foster care or their out of home placement? Complete each child's "Needs" chart on the HANDOUT #1 *Advocate Case Action Plan: Part 2*, page 3.



As an Advocate:

- Remember the Case Plan is a road map for the family and the court.
- If there are questions about the Case Plan, the DHS Case Manager is the best source of information.
- You can fulfill the role of 'facilitator' by asking the family if they understand the case plan. If the family has questions, you can assist by asking for clarification.



FACILITATOR NOTES**Module 4: Child Development Concepts**

Equipment/Supplies

- Slide: *Activity - Ages and Stages Developmental Quiz*
- *Ages and Stages Child Development Quiz* (in the participant manual)
- Handout #2: *Child Development Chart*

What you should know

- 45 minutes on child development factors.
- Many Advocates base their child development knowledge on their own experiences and those of their children/grandchildren, or other children in their lives. Consequently, many advocates have unrealistic expectations about meeting particular milestones. Advocates, who understand the actual milestone achievement ages, will better grasp the Minimum Sufficient Level of Care standard, as well as identify recommendations that can be made to help children catch up.

What to say/do

- One way to help decide if a child's needs are being met is to determine if the child is developmentally on-target. When a child's needs are met, they are generally able to grow and meet developmental milestones.
- **CUE SLIDE:** Conduct the activity.
- **ACTIVITY: Ages and Stages, Child Development Quiz** 25 minutes

Break the participants into two groups. Ask participants to turn to the *Child Development Quiz*, page 7 in their manual. Allow five minutes for the group to complete the quiz. When done, go through each question and provide an explanation for each answer: (If running short on time, go over 5 multiple choice questions and 3 true/false questions.) Provide the *Child Development Chart*, **HANDOUT #2** after the group has completed the quiz.

1. Answer: C, 12 to 18 months. Many children take their first steps prior to 12 months, but the average is 12 to 18 months of age, possibly up to 2 years of age if other conditions are present.
2. Answer A, 18 to 36 months. Younger children might be able to build with blocks, but it does not become a concern until after age 3.
3. Answer B, 3 to 5 years. Children need a basic understanding of cause/effect to be able to tell a story.
4. Answer C, 6 to 12 months. If an infant does not respond to his name by 1 year of age, this may signal a need for a recommendation for medical attention due to hearing issues or a possible sensory disorder.
5. Answer A, 6 to 9 years. Some children don't experience social situations until age five. Therefore, those children would start seeking acceptance after becoming comfortable in social situations.
6. Answer B, 16 to 21 years. Most children have nearly completed growing or are very near their adult stature shortly after completing high school.

(continued on next facilitator note page)

Developmental Needs of Children

When children's needs are met, they are able to grow and develop optimally. It is important that an advocate be able to assess age-appropriate behavior and milestones for children from birth through adolescence. This next section provides information on children's growth and development

Activity - Ages and Stages Child Developmental Quiz:

The facilitator will break the group into two groups. Turn to the next page to find the Child Development Quiz. Please take five minutes to complete the quiz as a group.

Once it is completed, we will have a group discussion about the quiz and you will receive a helpful handout for future reference.



FACILITATOR NOTES**Module 4: Child Development Concepts**

7. Answer C, 0 to 6 months. Infants are developing a "rake" grasp and with this are able to hold on to small toys and rattles.
 8. Answer A, 12 to 18 months. During this time, children are able to follow simple instructions such as "Pick up the toy." They also begin to understand "no," although they do not yet have a concept of safety. This can lead to a period of risk because parents who do not understand child development do not comprehend that a child this age does not conceptualize safety needs and "no" may be reinforced with physical punishment. Also, children this age need continual supervision because they are mobile.
 9. Answer C, 10 to 15 years, although answer A can also be correct. Girls are now as a rule beginning puberty earlier in this developmental stage. (27% of girls begin puberty with the development of breasts, by age 8).
 10. Answer B, 3 to 5 year olds. In early pre-school, children are often able to draw things they see in their environment, including bodies. This drawing may include a head that is also the body, with arms and legs coming from it.
 11. True. Girls have the physical ability to masturbate to orgasm. Many Advocates tend to fear that a girl would not know this unless she was sexually abused. However, she may have discovered this on her own and only understood that it felt good.
 12. True. During early school years, a child's ability to describe and explain themselves improves and adults find the children's explanations easier to understand.
 13. True. Creating a noise by an infant's ear should result in a head turn. When this does not happen, a referral to a pediatrician may be necessary to assess for hearing difficulties or sensory disorders.
 14. False. Although some children can say extensive sentences by age 2, normal behavior for a child this age would be simple sentences of two to three words.
 15. True. Infants need 'tummy time' to strengthen neck and abdominal muscles. If an infant is still showing "tonic neck" (uncontrollable neck muscles) at six months, this may call for an Advocate recommendation for a referral for medical care.
 16. True. Middle School time in a child's life is generally an awkward and this is typically the time when children experience this feeling the most.
- End with the concept that understanding when children meet their milestones, will help Advocates determine appropriate recommendations for services or evaluation. Also, please remember to stress that these are merely guidelines and every child is different, depending on inherited and environmental factors.

Ages and Stages Child Development Quiz

- | | |
|--|--|
| <p>1. Walks two or three steps without support</p> <ul style="list-style-type: none"> a. 18 to 36 months b. 6 to 12 months c. 12 to 18 months | <p>2. Builds tower of four or more blocks</p> <ul style="list-style-type: none"> a. 18 to 36 months b. 6 to 12 months c. 12 to 18 months |
| <p>3. Tells stories</p> <ul style="list-style-type: none"> a. 6 to 12 months b. 3 to 5 years c. 6 to 9 years | <p>4. Responds to own name</p> <ul style="list-style-type: none"> a. 0 to 6 months b. 12 to 18 months c. 6 to 12 months |
| <p>5. Wants to be liked and accepted by friends</p> <ul style="list-style-type: none"> a. 6 to 9 years b. 3 to 5 years c. 10 to 15 years | <p>6. Most physiological growth is complete</p> <ul style="list-style-type: none"> a. 10 to 15 years b. 16 to 21 years c. 6 to 9 years |
| <p>7. Grasps and shakes hand toys</p> <ul style="list-style-type: none"> a. 6 to 12 months b. 12 to 18 months c. 0 to 6 months | <p>8. Responds to "no" & other simple requests</p> <ul style="list-style-type: none"> a. 12 to 18 months b. 6 to 12 months c. 18 to 36 months |
| <p>9. Begins going through puberty, especially girls</p> <ul style="list-style-type: none"> a. 6 to 9 years b. 16 to 21 years c. 10 to 15 years | <p>10. Draws a person with 2 to 4 body parts</p> <ul style="list-style-type: none"> a. 18 to 36 months b. 3 to 5 year olds c. 12 to 18 months |

True or False:

- | | | |
|---|------|-------|
| 11. Girls can masturbate to orgasm by age 5. | True | False |
| 12. A child age 6 to 9 is working on learning better ways to describe experiences and talk about thoughts and feelings. | True | False |
| 13. By six months, an infant with normal hearing should turn his head to locate sounds near him. | True | False |
| 14. By 18 months, a child should have a vocabulary of 450 words. | True | False |
| 15. By three months, an infant can raise his head and chest when lying on his stomach. | True | False |
| 16. A child age 10 to 15 years may feel awkward or strange about their body and worries about being normal. | True | False |

FACILITATOR NOTES**Module 4: Child Development Concepts**

Equipment/Supplies

- Slides (2): How Children Grow and Develop

What you should know

What to say/do**CUE SLIDE:**

1. No two children are alike. Each one is different. Each child is a growing, changing person.
2. Children are not small adults. They do not think, feel, or react as grown-up people do.
3. Children cannot be made to grow. On the other hand, they cannot be stopped from growing.
4. Even though children will grow in some way no matter what care is provided for them, they cannot reach their best growth possibilities unless they receive care and attention appropriate for their stage of development.
5. Most children roughly follow a similar pattern of growth and development, but no two children will grow in exactly the same way. Some will grow slowly while others grow much faster. Children will also grow faster or slower in different areas of development. For example, a child may be very advanced in language development but less advanced, or even delayed, in motor coordination.

CUE 2nd SLIDE:

6. During the formative years, the more successful a child is at mastering the tasks of a particular stage of growth, the more prepared he/she will be for managing the tasks of the next stage. A similar sequence is generally followed. A child will scribble before they draw and draw before they write. Likewise, the better a child is able to control behavior impulses that he/she has as a two-year-old, the more skilled he/she will be at controlling behavior impulses he/she has as a three-year-old.
 7. Growth is continuous, but it is not always steady and does not always move smoothly forward. You can expect children to slip back or regress occasionally.
 8. Behavior is influenced by needs. For example, the active fifteen-month-old baby touches, feels, and puts everything into his/her mouth. His/her whole person is responding to a growth need; he/she is not intentionally being a nuisance who gets into everything.
 9. Children need to feel that they are loved, that they belong, and that they are wanted. They also need the self-confidence that comes from being able to meet situations adequately.
 10. It is important that experiences that are offered to children fit their own maturity level. If a child is pushed ahead too soon, and if too much is expected of him/her before he/she is ready, failure may discourage him/her. On the other hand, a child's growth may be impeded if parents or caregivers do not recognize when he/she is ready for more complex or challenging activities. Providing experiences that tap into skills that the child feels confident in, as well as some new skills that will challenge him/her, will provide the balance of activities that facilitates healthy growth.
- Trauma can impact many aspects of growth and development such as physical growth or emotional health/maturity. Given what we learned about ACE's and trauma in Module 3, it becomes apparent that children who experience multiple traumas as they are growing will experience anything from short-term delays to long-term, life-long consequences to health and well-being. An Advocate's involvement helps to mitigate further trauma and ensure that development is not interrupted any further.

How Children Grow & Develop



No two children are alike

Children are not small adults

Children cannot be made to grow



Children need care and attention
for best growth

Children grow at different rates

Children who master tasks at an
early stage of growth are more likely
to master later stages



Growth is continuous

Behavior is influenced by needs

Children need to feel loved

Children's experiences should fit
their maturity level



FACILITATOR NOTES**Module 4: Child Development Concepts**

Equipment/Supplies

- Slide: *Child Development in the Myers Case*
 - Handout #2: *Child Development Chart*
 - Resource *Tip Sheet, Workers & Their Roles*
-

What you should know

Familiarize yourself with the *Tip Sheet, Workers & Their Roles* in the Additional Resources section. Be prepared to answer questions about workers and their roles. Listen in the group for Advocates who are asking questions that they wouldn't need to know to do their job. Be prepared to ask questions as to why the Advocate believes they need that piece of information and provide an explanation when the Advocate shows bias or seem to be forgetting his/her role.

What to say/do

5 to 10 minutes for this page

- Explain the concept of Parentification. Children are 'parentified' when they have taken over duties from their parents. This generally occurs out of necessity when a child needs to care for a home, siblings or even their own parent because the parent is unable or unwilling to do so. Children who are parentified are often advanced in certain skill areas in their development and possibly delayed in other areas.
- Ask the participants "Who in our case study is parentified? How do we know that?" Discuss. Then ask, "Do we have concerns about how our case study parentified child's development is impacted?"

Discussion: 5 minutes

- **CUE SLIDE: ACTIVITY**
- **Using HANDOUT #2: *Child Development Chart, the Case Plan, and other case documentation***, discuss what stage of development is Jackson in right now?
 1. Are each of the children developmentally on track and if not, what services have been ordered to deal with any potential developmental delay?
 2. Think about some of the ACE's the Myers children have experienced and the resulting possible trauma. Refer participants to Pages 18 to 21 in Module 3. How might these experiences impact child development? Examples of ACE's could include physical abuse, physical and emotional neglect, witnessing violence and past homelessness.
 3. Advocates learn a great deal from the case documents they are provided when assigned to a case, but there are also many questions that arise that aren't answered in the documentation. Where could you go to find some of this information? (Refer participants to Resource Tip Sheet, Workers and their roles.)

If meeting for the entire day, this is a good spot for a brief break.

Parentification

While some children in foster care may lag in certain areas of development, they may be ahead in others. For instance, due to parental abuse, neglect, or substance abuse, some children prematurely develop skills to take care of themselves and/or other family members. When this happens, it is referred to as “parentification” ~ a process by which a child takes on the burden of responsible care for the well-being of other family members, especially parents or younger siblings.

Activity: Discussion -

As a group, answer the following questions:

1. Are the Myers children developmentally on track? If not, what services have been or could be ordered to meet those needs?
2. Think about the ACE's and possible resulting trauma the children have experienced. How could these experiences impact child development?
3. To whom could you talk to learn more about the children's developmental needs?



FACILITATOR NOTES**Module 4: Other Child-related Factors - Attachment**

Equipment/Supplies

- Slide: *The Magic of Everyday Moments* video
 - Slide: *Attachment Cycle*
-

What you should know

This section of other child-related factors = 90 minutes

What to say/do (This content should take 50 minutes)

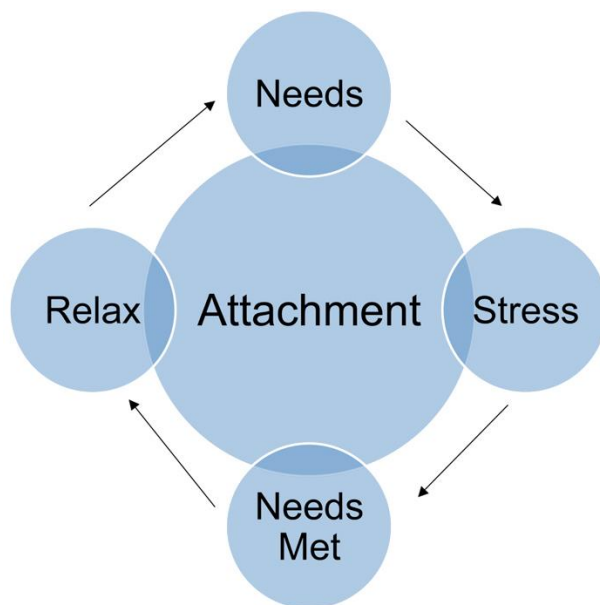
- Some of the behaviors observed may seem atypical of the developmental stage or may be concerning based on your own experiences. Those behaviors might be connected to some of the issues we are going to address next. We are moving into a new unit. This unit talks about other factors that influence a child's development, behavior and the goals of the case.
- **CUE SLIDE:** View the Magic of Everyday Moments video, 6 min. Debrief: This video reflects the importance of those first few years of life. Important connections are forming. Infancy and the toddler years bring risk of abuse and neglect, which can cause delays in brain development and attachment.
- **CUE SLIDE:** Attachment Cycle. Talk about the cycle in reference to a newborn child crying in the night due to hunger, being fed, feeling satisfied and going back to sleep.
- Early childhood development research addresses the importance of this cycle and of the smiles, coos, rocking and other nurturing behaviors often done by caregivers. These behaviors provide a sensory “bath” for the infant, actually stimulating brain development. Primary caregivers will often engage in what is called “mirroring” or “matching” where they respond to the infant with the same facial expression or volume or vocal intonation. This mirroring helps connect the child to the caregiver, allowing the child to synchronize his breathing and regulatory systems with the caregiver’s. Many parents learn quickly that the way to calm a fussy baby is by remaining calm themselves, and often by adding movement and singing.

Other Child Related Factors that Influence Child Development, Behaviors and Resulting Case Goals

What Is Attachment?

Attachment is an emotional and psychological connection between two people that endures through space and time. In child development, attachment refers to a strong, enduring bond of trust that develops between a child and the person(s) he/she interacts with most frequently.

Attachment develops intensely throughout the first three years of life. After age 3, children can still learn how to attach. However, this learning is more difficult. The child's negative experiences with bonding will strongly influence the child's response to caregivers and other individuals throughout the child's lifetime.



Attachment Cycle, *A Child's Journey Through Placement*, Vera Falburg, 1996

There is a distinct cycle of infant attachment development: (1) expressing a need (by crying); (2) having that need met (feeding, diapering, holding); (3) growing familiar with the person who meets the need; and (4) trusting that the caretaker will be there every time. This leads to "bonding" with that person; the trusted caretaker. This is the healthy attachment cycle.

FACILITATOR NOTES**Module 4: Other Child-related Factors - Attachment**

Equipment/Supplies

- Slide: *Why Attachments Are Important*
-

What you should know

Be familiar with the information on this page. Movement of the facilitator (such as rocking back and forth, pretending to quiet a fussy baby) will remind participants of bonding.

What to say/do**CUE SLIDE Why attachments are important**

- Neurologically, healthy attachment starts in the womb with a happy, expectant mother who cares for herself and stays away from harmful toxins like drugs and alcohol. This allows the baby's brain to develop optimally in the womb. Children who are drug-exposed in utero may have a more difficult start in life simply for this reason.
- There is much that can go wrong in this bonding cycle. If, for whatever reason, the child experiences discomfort and cries, but the cries are not met with a consistent nurturing response, the child does not become calm and is not able to regulate himself. He remains in a heightened level of dysregulation. If the child cries and no caretaker comes (as in the case of neglect), then eventually the child will cease crying and cease making attempts to reach out to the world.
- If the child cries and receives an inconsistent response (in the case of an abusive caregiver), the child will remain anxious, never knowing which caregiver (the loving or abusive one) will show up and whether or not his needs will be met.
- If the child experiences a discomfort that is not met when the caregiver attempts to meet the need (like in the case of unmitigated medical pain or needed, but painful, medical procedures), the child will remain in a heightened state of anxiety. Stress hormones remain in the brain and make it difficult for the child to self-calm. Eventually, this leads to older children or adults who can be easily agitated or seek attention in indiscriminate ways.
- In severe cases, a child's inability to form an attachment is called **Reactive Attachment Disorder or RAD**. Children diagnosed with RAD experience difficulty managing their own emotions and have problems forming a genuine attachment to anyone. This is a problem because a child will push away anyone who tries to form a relationship or the child may sabotage their placement. Children with RAD are not prepared to bond; they have received a message that they are not worthy of love and appropriate affection and have a poor self-image. Children with RAD can receive treatment and learn to attach with different types of treatment. You can advocate for children with attachment issues by asking for treatment services that include both the child and the caregivers and parent. Advocates can demonstrate attachment by keeping promises made to children you are working with and being a consistent person during the life of their court case.
- Finish by asking the group if they have any concerns for attachment for the Myers Children?

Why Attachments are Important to Children

Attachment helps children:

- Grow physically and develop good health (physical development)
- Deal with stress, frustration, fear and worry (emotional development)
- Develop a conscience (moral development)
- Think logically (intellectual development)
- Become independent (social development)
- Develop future relationships (social development)

What happens if the trust and security needs of children are not met? This impacts the children's brain development and their ability to become the fully unique persons they were meant to be.

The basic needs of many of the children in the CASA Program have not been met. Some children may cry for hours at a time, or may get hit when they do cry. This could result in a child who does not cry when hungry and does not trust adults. This child might turn away from the caregiver, refuse to make eye contact, push away or fight to avoid being close with another individual. When this type of child is distressed, he/she may not seek out a caregiver for soothing or comfort, or may be indiscriminate—seeking satisfaction from any potential caregiver, including a total stranger.

It is very important to understand the normal process of attachment because the experiences of most of the children in the child protection system increase the likelihood that they will have attachment problems, which may or may not rise to the level of a reactive attachment disorder.

Children who are learning to attach will be influenced by three specific factors:

1. The child's genetic predisposition
2. The conditions influencing the child's care
3. The child's parents or caretakers

Do you have concerns about attachment with the Myers children? If so, why?

FACILITATOR NOTES**Module 4: Other Child-related Factors-Separation and Loss****Equipment/Supplies****What you need to know**

- This activity helps participants understand the effects of separation on children.
- Setting the tone for this activity is important and requires reading the scenario with calm, quiet, emotional voice.

What to say/do

- **ACTIVITY:** *The Separation Experience (10 minutes)* Read the following excerpt for the volunteers.

READ THIS ALOUD:

For the next few minutes, imagine the experience of being a child who is removed from his/her home as a result of the local child protection agency filing a petition for abuse or neglect. Sometimes this exercise makes people feel sad or uncomfortable as they think about experiences that they have had, or as they feel how difficult it is for a child experiencing separation from his/her parents. If you need to open your eyes or leave the room at any point, please do so.

Sit comfortably and close your eyes as you visualize yourself as a 4-year-old boy or girl at home one evening with your mom and dad. A lady came to the daycare center today and asked you lots of questions about what your mom and dad do when you are bad, whether you have enough food at home, how much your daddy drinks, and how often he hits your mommy. You are pretty sure you are going to be in a lot of trouble because the lady said she had to tell your parents that she talked to you. You can barely eat your dinner and your mom is already mad about that. Your dad is drinking another beer, which usually is a bad sign.

There is a knock on the door and that same lady is standing there with a policeman. Now you know you are really in big trouble. She tells your mom and dad that she is taking you away with her. Will they put you in jail? She sits near you at the table and tells you not to worry. She asks your mom or dad to get some clothes together. She asks if there is any special toy or blanket that might help you sleep better. You just can't imagine what it will be like to sleep in jail with all of those mean people that were there with your dad the last time he went.

But the lady doesn't take you to jail. The policeman and the lady take you to a big house in another part of the town. They are chatting and laughing on the way. You can tell they are trying to be nice, but you are really scared. The lady walks you to the door and another lady opens it up. She has a big smile on her face and takes your bag of stuff and says, "Come right in." Behind her is a man. He is smiling, too. There are a bunch of other kids who are all looking at you. The new lady says, "Welcome. This is your new home. We are so glad to have you." She keeps smiling and seems really nice, but there must be some mistake. You didn't ask for a new home . . . you already have a mom and dad . . . you don't have brothers and sisters . . . this isn't your room . . . and what is this food that they are giving you? You realize that this is all your fault and that your mom and dad must be really mad now. You wonder if you'll ever see them again.

(Continue to next facilitator's note page for continued instructions)

Activity - The Separation Experience

As an Advocate, there are a number of things you can do to help children who are experiencing difficulty with the separation from their parents:

- Remember, children who have been removed from home are damaged every time they experience a move.
- A child's safety has to be primary and some moves occur to ensure protection.
- Each placement increases the likelihood of irreversible damage to their emotional and psychological health.
- A CASA Advocate is generally not assigned to the case until the child has been removed from the home. Once you are appointed, you can advocate that the child not experience multiple placements.

Important Attachment Tasks In Child Advocacy Work

- Support the attachment children have to their birth families and kin.
- Recognize that the system can inadvertently cause trauma and disrupt attachment. Advocate fiercely to minimize this additional risk to children.
- Help children recover from a separation from their families and kin and attach to a foster family.
- Help children in foster care rebuild and maintain relationships with their birth families/kin network.
- Help children build and maintain relationships with adoptive families should reunification not be possible.

FACILITATOR NOTES**Module 4: Other Child-related Factors-Separation and Loss**

Equipment/Supplies

- Slide: *Advocating for Healthy Attachments*
-

What to say/do (continued from previous facilitator notes page)

After reading the separation experience exercise, share this paragraph with the participants:

Children in the foster care system are damaged every time they are moved from one place to another. Each placement increases the likelihood of irreversible damage to their emotional and psychological health. However, because a child's safety has to be the primary consideration, sometimes he/she must be moved for protection. A CASA Advocate is generally not assigned to the case until the child has been removed from the home. Once you are appointed, you can advocate that the child not experience multiple placements.

- Debrief this activity with the participants. How did the experience make them feel when they put themselves in the place of a young child? Is there anything that they believe they could do as an advocate to lessen the impact or make the situation easier for the child?

CUE SLIDE: *Advocating for Healthy Attachment*

As an Advocate, there are a number of things you can do to help children, who are experiencing difficulty with the separation from their parents. Advocates can help promote healthy attachments including:

- emphasizing the importance of mothers/fathers having frequent visitation with infants to promote the attachment
- Recognizing that the system can inadvertently cause trauma and disrupt attachment. Advocate fiercely to minimize this additional risk to children.
- helping children recover from a separation from their families and kin and attach to a foster family
- helping children in foster care rebuild and maintain relationships with their birth families/kin network
- helping children build and maintain relationships with adoptive families should reunification not be possible



FACILITATOR NOTES**Module 4: Other Child-related Factors - Visitation****Equipment/Supplies**

- Family Interaction Plan from KidzConnection, case study page 77
- Slide: *Visitation (Family Interaction)*
- Slide: *Discussion - Visitation Considerations*

What you should know

Review the Family Interaction Plan. Be prepared to lead the conversation.

What to say/do**CUE SLIDE:** *Visitation (Family Interaction)*

- In Module 3, participants read about loss, separation and grief. Remind Advocates to keep the child's emotional well-being at the forefront of their advocacy efforts when considering visitation. Children have the right to visit their family. Visitation is a critical effort towards reunification and the inherent belief of the CASA Program is that children need to be with their parents if at all possible. After every visit, a child experiences loss.
- Ask the question to the participants: What do children lose when they are removed from the home?
- Keeping this in mind, Advocates have a responsibility to advocate for the type of interaction that allows for active parenting.
 - Does visitation need to be supervised by a "worker," or can an extended family member supervise visitation in a more comfortable environment?
 - Is the child "acting out" after a visit with his parent because it's traumatic to see the parent or is that child expressing emotion that the visit is over and they may not know when they can see their parent again? Keep in mind that when a child has two hours of supervised visitation twice per week, they are only spending four hours or 5.5% of their awake time with their family. For a young child not in school, this decreases to 3.5% of waking time spent with family. What else can be done to add visitation hours for the child?
 - Parents can generally do well when visiting the child for two hours at the DHS office. But what if the visit was four hours long, over nap time or meal time, located in a more home-like environment with regular stressors of parenting? Would the visit still go well?
 - Advocates can gather info and advocate for visitation that meets the child's needs.
- **CUE SLIDE:** *Discussion – Visitation Considerations*
- **Discussion:** (5 minutes) Ask the participants to turn to the Family Interaction Plan, authored by Kidz Connections (a contractor of DHS), pages 77 & 78 in the case study documents. What is the visitation plan? Do you agree with it as an Advocate? Is the plan happening and being carried out? Should the plan be changed for an increase or decrease in visitation?

The Importance of a Child's Visitation

In Module 3, you read about loss, separation and grief. Loss is a critical issue ever present in out-of home placement that cannot be ignored by the child welfare system. What do children lose when they are removed from home or removed from a placement? In addition to losing connections and bonds with those in their lives, children also lose a sense of security, trust and sometimes they even lose their belongings. All of these are powerful reminders of what used to be. Although it's easy to think that children are "better off" in foster care, as an Advocate, keep in mind that generally those children **want and need** to be with their families, if at all possible. Visitation is not just the right of parent; children have a right to visit their families.

Visitation is part of the Reasonable Efforts that DHS is required to provide. DHS policy indicates that visitation should be safe, meaningful, frequent and take place in as "home-like" setting as possible. DHS is required to develop a Family Interaction Plan when children are placed outside their homes.

As an Advocate

- When it is safe, advocate for frequent, meaningful visitation between children and their families, including their siblings, to help children keep strong attachments.
- Sometimes children "act out" after visits and this may result in a question about whether the visits are in the best interest of the child. However, every time a visit ends and a child says goodbye, the child is experiencing another loss. Perhaps the child is acting out because he/she is angry the visit ended. Maybe the child is uncertain of when he/she will see the parent again. Would it benefit the child to see the parent more often?

Discussion - Visitation Considerations:

In looking at the *Family Interaction Plan* (pages 77 & 78 in the case study), what is the plan? Do you agree with the plan? Are the steps of the plan being carried out? Should the plan be changed?

FACILITATOR NOTES Module 4: Other child-related factors: Psychological, Behavioral and Educational Issues for Children

Equipment/Supplies

- List of Psychological issues for children found in Module 3, page 42
 - Slide: *Other Issues for Children, Psychological Issues*
 - Slide: *Other Issues for Children, Educational Issues,*
 - *Handout #3: Sources of Information*
-

What you should know

Remind advocates that in-depth training on psychological, behavioral and educational issues will be provided by local coordinators as in-service training opportunities.

What to say/do (30 minutes for this section)

- **CUE SLIDE:** *Psychological Issues* - go over the points.
- Advocating for a child's mental health and behavioral needs is an important function of the Advocate's job. It is an area that is too complex to address in pre-service training. As an Advocate, you will get more specialized training on these topics in the coming months. For the purposes of pre-service training, we are focusing more on what Advocates can do in reading documentation, gathering information and advocating for a child's needs.
- In Module 3 homework, Advocates read about psychological issues for children. A list of reasons for a possible assessment referral are found on page 42 in Module 3. Have Advocates turn to this page and look over the information. It's good to be aware of signs and signals of potential psychological issues, but our Advocates are not in a position to diagnose. Ask if there are any questions on the material.
- **CUE SLIDE:** Next, discuss Educational (Issues) Advocacy – go over points.
- It can be hard to learn when a child is worried, hungry, tired or anxious. Again, this is a large topic and Advocates will receive more in-depth training on this in the future. Advocates should be strongly encouraged to make regular contact with children's teachers, principals and/or daycare providers.
- Refer Advocates to the **HANDOUT #3: Sources of Information** to learn about the types of information they can obtain from schools and daycare facilities. For more in-depth description of the various workers refer participants to **Resource Tip Sheet Workers and their Roles** at the back of the manual. Remind Advocates that they will need to give a copy of the Order Appointing CASA to the school and ask that the school keep it on file. Advocates should also be encouraged to show identification to school personnel on their first visit.

Psychological and Behavioral Issues for Children

Psychological and behavioral issues can impact any child, not just those who have come to the attention of the child welfare system. A list of possible reasons to refer for a psychological assessment of a child is listed in Module 3, page 42. The purpose is to help the Child Advocate recognize warning signs that might indicate the need for evaluation. *Advocates do not diagnose.* A referral to a competent professional is the best course of action, if the initial investigation or further monitoring of child's situation produces red flags. During your case, you will be offered in-service opportunities to learn more about mental health and behavioral issues for children.

Educational Issues for Children

CASA Advocates play a unique role with children in formalized day care or children who are enrolled in school. Many of the stressors of a child's home and personal life get brought to school each day. Children who are worried, anxious, hungry or tired have a more difficult time relaxing and adjusting to their learning setting. This makes educational growth more challenging for the children served by the CASA program. Day care staff and teachers provide a wealth of information to CASA Advocates in the form of email, phone calls, report cards and other written reports. During your case, you will be offered in-service opportunities to learn more about educational advocacy for children.



FACILITATOR NOTES Module 4: Other child-related factors: Psychological, Behavioral and Educational Issues for Children

Equipment/Supplies

- Slide: *IEP*
-

What you should know

- The facilitator should remind Advocates they should not judge parents on their involvement in IEP meetings. These meetings, full of professionals and unfamiliar language can be intimidating to parents. They may be quiet during the meeting out of fear that they don't have anything worthwhile to offer.
 - There are times when, for multiple reasons, parents do not attend the IEP meetings about their child. Some parents feel everyone will think they are a bad parent, so they don't come to the meeting, because they are afraid of what they will hear. Others find the situation so intimidating that it is easier not to attend. Still others may reason with themselves that if there are so many knowledgeable professionals sitting around the table, they feel a bit more comfortable skipping the meeting, especially if it means losing wages at work or requiring child care.
-

What to say/do

- **CUE SLIDE:** *IEP*
- The Individuals with Disabilities Act, which we learned about in Module 2, created a law that said that all children, including children with disabilities, are entitled to a free, appropriate education. Therefore, schools needed to create plans to help educators provide an education to children with special needs.
- In Iowa, this plan is a child's IEP or Individualized Education Plan. When educators or parents find children with special physical, emotional or behavioral needs, they can ask the Area Education Association (AEA) to conduct an evaluation to determine if the child has specialized needs. This evaluation involves parents, school personnel, doctors and whoever else may have made professional observations about the child. Once the evaluation is completed, a meeting is held to discuss the evaluation findings (IEP) and create goals and outcomes for the child. Advocates may be asked to attend IEP meetings.
- By a show of hands, ask the participants if they've ever been involved in the IEP process either personally or professionally. Note the number of people who have been involved in this process. Then ask if anyone is willing to share their experiences about the process and the meetings.

Individualized Education Plans (IEP)

In Module 2, you learned about the Individuals with Disabilities Act (IDEA) of 1975. This law states that children with disabilities are entitled to a free, appropriate education. In Iowa, specialized education is documented through an Individualized Education Plan (IEP). This document is developed by the school district and Area Education Association (AEA) when children have been identified with educational needs such as learning disabilities, speech issues, physical disabilities or behavioral needs. Many children in the child welfare system have an IEP at school.

School personnel or parents can request evaluation of a child for specialized educational needs. When this request is made, staff from the AEA, school personnel, and families, all participate in the evaluation process. Once an evaluation is completed, an IEP meeting is held to discuss goals and outcomes for the child, along with any special accommodations that will be made to meet the child's educational needs. IEPs are reviewed annually and follow the child from one school district to the next if the child is moved. CASA Advocates are encouraged to attend IEP meetings and speak regularly with the child's teachers to gain information about academic and educational progress.

When children are not of school age, but are identified as having delays which could impact their future academic progress, the AEA Early Access can work with the family to develop an Individualized Family Plan (IFP). You can recommend an Early Access referral for children ages zero to three.

FACILITATOR NOTES Module 4: Other child-related factors: Psychological, Behavioral and Educational Issues for Children

Equipment/Supplies

- Handout #1: *Advocate Case Action Plan*
- Email from Shiloh's teacher, page 79 in Case Study
- Slide: *Discussion - Considering Other Issues*
- Slide: *Activity - Concerns*
- Slide: *Activity - Practice Writing*

What to say/do

- **CUE SLIDE:** *Discussion - Considering Other Issues (5 minutes)*
- In the Myers case, we know there are notable mental health and behavioral concerns for Jackson and educational issues for all three children. Is there anything notable that would cause the participants to recommend a mental health evaluation for either Aubrey or Shiloh? Are the mental health needs of the children met or are they unmet?
- What kinds of information can the Advocate obtain from school reports and information from school officials? Describe the types of information found in the email from Shiloh's teacher on p 77 of the case study. What types of concerns did Miki have related to education and mental health in her April CASA Report? Pg 80 in the case study.
- **CUE SLIDE:** *ACTIVITY – Concerns (15 minutes)*
- Provide participants with 5 minutes to write their concerns on page 4 of **HANDOUT #1:** the *Advocate Case Action Plan*.
- Debrief: Ask each participant to share one or two concerns. As you're listening, provide feedback to each participant. Be sure to note that concerns are always based on facts. If you hear a concern that is not supported by the case documents, encourage the participant to re-think the concern in a way that is supported by fact.
- **CUE SLIDE:** *ACTIVITY – Practice Writing (15 minutes)* Advocates will practice writing a paragraph or two regarding Jackson on their **HANDOUT #1: Advocate Case Action Plan**, page 4. In this exercise, participants will be practicing how to take relevant information about a child and create a concise description and summary of the child's situation that can be transferred directly to a CASA Report to the Court. Ask if anyone would like to share their summary paragraph. Commend fact-based, non-opinionated writing. Be on the lookout for statements that not based in fact or are speculative. Remind participants that observing and reporting on the facts will help keep them objective as they work through the life of the case. i.e. As you're observing fact, it helps maintain objectivity.

Discussion: Psychological, Behavioral and Educational Advocacy in the Myers Case Study.

In the Myers case, we know there are notable mental health and behavioral concerns for Jackson and educational issues for all three children. Is there anything notable that would cause you to recommend a mental health evaluation for either Aubrey or Shiloh? Are the mental health needs of the children met or are they unmet?



What kinds of information can the Advocate obtain from school reports and-school officials? What types of information did Miki report in her April CASA report?

Activity - Identifying your Concerns:

In thinking about all the potential issues faced by the Myers children that we have discussed so far (unmet needs, developmental needs, attachment concerns, visitation, separation and loss issues, mental health and educational needs), what are your concerns for Jackson? On page 4 of Handout #1, Advocate Case Action Plan, identify your concerns. As a reminder, concerns should always be supported by fact.

Activity - Practice Writing:

In Handout #1, page 4 practice writing a summary for Jackson Myers using the information obtained case file documentation. This activity is intended to help you practice how to take relevant information about a child and create a concise description and summary of the child's situation that can be transferred directly to a CASA Report to the Court.

FACILITATOR NOTES**Module 4: Permanency, APPLA & Transition**

Equipment/Supplies

- Slide: Video - *What is Permanency*
 - Slide: *Permanency is not just a "Place"*
-

What you should know

- Section on Permanency, APPLA and Transition = 30 minutes
 - Be prepared to share a story of a child you've worked with who needed permanency.
-

What to say/do

- In thinking about permanency, as the facilitator, think of a time when you've worked with a case that desperately needed permanency. Report to the group how the need for permanency not only impacted the child, but also how it impacted you personally knowing that the child was in limbo.
- Permanency is something that every person should experience in their lifetime. For children who have been removed from their parental home, permanency has both a legal and personal definition.
- In 2001, the Children's Bureau of the U.S. Department of Health and Human Services began conducting the Child and Family Service Review or CFSR. Iowa has completed two CSFR reviews and is preparing for a third review which will take place between 2015 and 2018. The CSFR defines permanency for children as 1) children having long-term stability in their living situation and 2) the preservation and continuity of family relationships and connections.
- Legally, permanency is established for a child in care when the child is provided with a caregiver who is responsible for the child's care until the age of 18. Personally and emotionally and culturally, permanency is much more than this. Permanency is more than a place. Permanency is a feeling, a sense of belonging to a community, to a culture and traditions. Whenever a child is moved from placement to placement, they experience a loss.
- **CUE SLIDE:** Video - *What is Permanency?* (2:47 in length)
- **Group Discussion:** What does permanency mean for you? What does permanency give a child? Stress with the group that Permanency doesn't just mean a place to live.

Permanency

In 2001, the Children's Bureau of the U.S. Department of Health and Human Services began conducting the Child and Family Service Review or CFSR. These reviews are conducted in all 50 states and provide expectations regarding children in care. Iowa has participated in two CFSR projects and will participate in another between 2015 and 2018. One primary expectation of the CFSR is that states recognize that children need permanency. CSFR documents describe the permanency outcome as:

- 1) children have long-term stability in their living situation
- 2) the preservation and continuity of family relationships and connections.

All Children Need Permanency! Permanency does not mean just a "place."

Just because a child is provided with permanent placement doesn't mean that they experience permanency. Permanency is a feeling of belonging; it is a connection. Understanding a child's need for permanence can guide your recommendations for placement and services that are in the best interest of the child, honoring the child's sense of time.

As an advocate:

Remember that even though the court is finding legal permanency for a child, permanency of relationships is more important for kids. Everyone needs a family that loves and accepts them unconditionally.

There are a number of key principles that ensure that the child in the system will not be forgotten. A number of these tasks are listed on the next page. Following them will ensure that a focus on permanence for the child is maintained.



FACILITATOR NOTES**Module 4: Permanency, APPLA & Transition**

Equipment/Supplies

- Slide: *Permanency is not just a "place"*
-

What you should know

What you should say/do

- **CUE SLIDE:** *Permanency is not just a "Place"*.
- Provide a lecturette on the 10 Principles of Permanency found at the right.
- Regarding #1, remind advocates that our personal values about a child's placement are not of consequence.
- Regarding #3, remind advocates to ask the parent near the beginning of assignment, but also near the end of the case to see if there has been a change of responsibility.
- Regarding #4, CASA Advocates always need to keep a child's sense of time in mind when advocating on his or her case. Think back to when you were a child. Perhaps as a child your grandmother's house felt huge, but now as an adult, you see that maybe it's actually a very modest space. Think about when you celebrated your Winter Holiday as a child. Celebrating Thanksgiving meant that you would be celebrating your Winter Holiday soon and that time dragged on so slowly as a child. As an adult, we might feel that we need two more weeks to prepare for the holiday we celebrate. The same is true when children are removed from their home. There might be six days in between a child's visit with his parents. Adults on a case might use that time to evaluate the previous visit and plan for changes in the next visit, but children are simply waiting those long six days. Likewise, for adults, 12 months doesn't seem like a long time for parents to work towards all the goals they must accomplish, but for children, 12 months is a large portion of their life. Everything is magnified when you're seeing it through a child's eyes, including time. As a CASA Advocate, you can help to remind caseworkers, Judges, attorney's and others on the case that time is moving very slowly for those children and children shouldn't have to wait because of limitations of the system.
- Regarding #7, although we will talk more about strengths in Module 5, remind participants that everyone has strengths. Taking the time to look for strengths will help keep an advocate objective and will help keep personal values from creeping into feelings and recommendations on the case. Additionally, kids will benefit from knowing that advocates have identified good things about their family.
- Regarding #9, Advocates are in a unique position to be able to 'gently push' on the backs of those who are making decisions about the child. For example, if a court delay must happen, what else can be done between now and then to help advance the interests of the child?

Principles and Tasks when Advocating for Permanency

1. Constantly examine your own value system.

Understand the difference between poor parenting and actual abuse and neglect. Make sure that you can accept a variety of parenting styles, even those that include behavior of which you do not approve.

2. Carefully examine the DHS case record.

Understand the issues that brought the child into foster care. Ask agency staff about anything that does not make sense.

3. Ask the parents why they think they lost custody of their child.

Do not assume that they understand or agree with the agency's reasons.

4. Recognize that the “system” should be operating on the child’s sense of time.

Help others to hear the clock that is ticking that childhood away.

5. Understand grief and the effects on children of moving and waiting.

Keep permanent resolution as the focus of your efforts.

6. Stay child-centered and family-focused.

Children need a permanent family—theirs, if possible—but not if it means the loss of their childhood.

7. Recognize parents’ strengths, but do not ignore their failings.

Advocate to return the child when the parents have “fixed” what brought their child into care. Advocate for termination of parental rights if the conditions persist.

8. Be a team player.

Attend reviews, (if a CASA/GAL continues to investigate and assess), and share with the caseworker and the court what you learn.

9. Aggravate the system if you have to—be a catalyst for change.

10. Work for justice—act with mercy.

Contributed by Jane Malpass, Consultant, NC Division of Social Services, and Jane Thompson, Attorney, NC Department of Justice.

FACILITATOR NOTES**Module 4: Permanency, APPLA & Transition**

Equipment/Supplies

- Slide: *Available Permanency Options*
- Slide: *APPLA*

What you should know

- Fostering Futures Training is available for any Advocate that is assigned to a youth 14+. It focuses on these types of underlying issues that inhibit a youth from being as successful as they might have been if they would have had permanency established prior to leaving the foster care system.

What to say/do

- **CUE SLIDE:** *Available Permanency Options*
- Describe the Hierarchy of Preferences when it comes to decision making regarding permanency found on the slide. Refer participants back to Module 2, Handout 4 that outlines legal permanency options available to Judges.
- **CUE SLIDE:** *APPLA*
- Give examples of when APPLA may be recommended by an advocate:
 - Reminder that it cannot be a goal for youth under 16 years old.
 - Youth is older and has a relationship with other relatives.
 - Parent has limited functioning but there is a positive emotional bond between parent and child, yet the parent can no longer be a caregiver.
- Explain how the concept of compelling reasons for choosing APPLA is one that causes some professionals to debate the frequency that APPLA remains a “permanency” goal.
 - Allowing adolescents to age out of foster care without an attachment to a caring, committed adult is not permanency planning.
 - The mere fact that the child has a Permanency Planning Goal of Independent Living is not a “compelling reason” to choose “another planned permanent living arrangement” as the child’s ASFA permanency plan.

Another Planned Living Arrangement

APPLA "Another planned permanent living arrangement" is the least preferred choice among the ASFA permanency plans and should be used only in extenuating circumstances when none of the other plans is in the child's best interest. APPLA as a permanency goal is not allowed for children under the age of 16.

The DHS caseworker must demonstrate to the court's satisfaction why all other permanency options – return to parent, adoption, guardianship, and custody with a relative – have been ruled out. Examples of other "planned permanent living arrangements" include custody with a non-relative, independent living, and adult residential care. However, before we can select one of these other "planned permanent living arrangements", ASFA requires that DHS document in the case record a "compelling reason" why it is not in the best interests of the child to return home, be placed for adoption, be placed with a legal guardian, or be placed with a fit and willing relative.

Examples of a "compelling reason" for establishing this permanency plan include:

- The case of an older teen who specifically requests that emancipation [i.e. independent living] be established as his/her permanency plan, provided that the child has received adequate counseling to ensure that independent living is the best plan for the child;
- "The case of a parent and child who have a significant bond but the parent is unable to care for the child because of an emotional or physical disability and the child's foster parents have committed to raising him/her to the age of majority and to facilitate visitation with the disabled parent"; or the case of a child who belongs to a Native-American tribe which "has identified another planned permanent living arrangement for the child".

Child welfare professionals and CASA Advocates have a continuing obligation to seek a permanent family connection for adolescents – either through the revitalization of ties with the child's parents, adoption, guardianship, or custody – before they leave foster care. Allowing adolescents to age out of foster care without an attachment to a caring, committed adult is not permanency planning.

The mere fact that the child has a Permanency Planning Goal of Independent Living is not a "compelling reason" to choose "another planned permanent living arrangement" as the child's ASFA permanency plan. The fact that a child is receiving Independent Living services does not preclude the child from having a concurrent plan of return to parent, adoption, legal guardianship, or permanent placement with a fit and willing relative.

FACILITATOR NOTES**Module 4: Permanency, APPLA & Transition**

What you should know

- The Preventing Sex Trafficking and Strengthening Families Act discussed in Module 2 outline that APPLA cannot be used as a permanency goal for youth under age 16.
-

What to say/do

- It is important throughout the life of the case, that we advocate for permanency to be established as soon as possible. Federal law outlines that the initial goal for permanency for a child is reunification. The work being doing to address issues and ensure that the child's minimum sufficient level of care is will be met is designed for reunification to be successful. The recommendations we make will be on the reasonable efforts, or the services being provided to make reunification successful as well as recommendations regarding the permanency goal itself.
- Important to remind advocates about the concepts shared throughout the training which includes: child's sense of time, permanency, having a lifelong permanent connection with another adult.
- As we consider the Myers family, we need to keep in mind when contemplating permanency goals and our recommendations, that what is best for one child in the family, may not be what is best for another child in the family that we are advocating on behalf.
- Sometime recommendations for permanency may include APPLA, but it should never be the first choice. Youth that have aged out the foster care system speak loudly that one of the things they needed to be successful in adulthood was someone advocating for their permanency.

More on APPLA

Nor is the age of the child, in and of itself, a “compelling reason” to choose “another planned permanent living arrangement” as the child’s permanency plan. Children under 16 cannot be given this permanency plan nor should they be given a Permanency Plan Goal of Independent Living since a child younger than 16 is not “an older teen.”

The fact that an adolescent is placed in a group facility or an institutional setting is also not a sufficient “compelling reason” to choose this plan.

Finally, the mere fact that a child, who cannot return to his or her birth family, states that he does not want to be adopted is not sufficient to choose this permanency plan. Casework staff has an obligation to provide meaningful counseling to teens (including, if appropriate, peer counseling with young persons adopted as teens) about the benefits of adoption, the life-long importance of having the emotional and financial support of a family, and the possibility of an adoption which allows for continued contacts with members of the child’s birth family. Casework staff has an obligation to work hard to help teens understand that adoption is not necessarily a place, but a life-long relationship.



FACILITATOR NOTES**Module 4: Permanency, APPLA & Transition**

Equipment/Supplies

- Slide: *Transitional Services for Older Youth*
-

What you should know no bullets sometimes

- Be familiar with services that transitioning youth are eligible for before and after turning 18.
 - Encourage advocates to talk with DHS about the different programs a youth might be eligible for.
 - Also, brush up on knowledge of the Foster Care Independence Act of 1999 and the Fostering Connections to Success and Increasing Adoptions Act of 2008.
-

What to say/do

- We know that "the State" does not do a good job of raising children. Children need family- and connections. However, for some youth, permanency isn't truly established and they will instead age-out of "the system." In Module 2, we learned about the Foster Care Independence Act of 1999 and the Fostering Connections to Success and Increasing Adoptions Act of 2008 - DHS is required to provide services that will help older youth successfully reach the age of majority and beyond.
- As a facilitator, provide an example of a youth you have worked with who aged-out of care. What were the outcomes for that youth?
- **CUE SLIDE:** *Transitional Services for Older Youth*
- Talk through *the information on the participant's* page, including the role of the DHS Transition Planning Specialist, the TIP packet with information on education, employment, money management, housing, health and transportation, and services that occur before aging out such as evaluations for life skills and career choices, the TPS meeting with youth and youth-driven Dream Team (Youth Transition Decision Making) Meetings.
- Also, please discuss the types of services available to youth after aging out
 - Aftercare - setting up a youth with a paid self-sufficiency support service provider
 - PALs - Preparation for Adult Living, provides a financial stipend for youth to use on rent, utilities, etc.
 - MIYA - Medicaid for Independent Young Adults, provides Title 19 for youth up to age 21.
 - College Assistance - Provides assistance with FAFSA, Education and Training Voucher (ETV) Grant and the All-Iowa Opportunity Foster Care Grant.
- For Advocates assigned to work with older youth, specialized training (Fostering Futures) is available to help advocates learn what needs to be done when advocating for older youth. In our case, in the June 2007 update, Miki Getz is already recognizing that Aubrey is over age 14 and has noted that DHS has already started transitional services with her.
- Remind Advocates that permanency for Aubrey may not be with Amanda given that we have found out that Aubrey's grandmother in Virginia may be a viable placement option.

Transitional Services

Unfortunately, for some youth, permanency is never truly established. These are children who will "age-out" of foster or relative care. We learned in Module 2 about the Foster Care Independence Act of 1999 and the Fostering Connections to Success and Increasing Adoptions Act of 2008. At age sixteen and a half, the Department of Human Services is legally required to provide services that will help older youth successfully reach the age of majority. As teens prepare to exit the foster care system at age 18, there are numerous issues that must be taken into consideration. Where will the youth live? What is the youth's plan for education, money and health insurance?

Transition planning should begin well before the youth prepares to exit the system in order to have a solid discharge plan. Not only does the youth need to have developed life skills while in care, they need to have a plan for continuing education or employment, housing, access to health care, and maintaining a positive support system. DHS has five Transition Planning Specialists (TPS) in the state to help older youth navigate the system. Youth who are entering adulthood are provided a Transitioning Information Packet (TIP). This packet contains information on Education, Employment, Money Management, Housing, Health and Transportation.

As an Advocate if you are serving on the case of a child age 14 or older:

- You will be asked to complete a Life Skills assessment with the youth on your case. This assessment encourages both you and the youth to begin thinking about what this youth will need to succeed after foster care.
- You will be asked to enroll in additional training. 'Fostering Futures' is a training offered by CASA staff and is intended to teach Advocates how to advocate for the specialized needs of an older youth.

After turning 18, there are many formal services available to assist youth into adulthood:

- Aftercare: provides services and supports for participants to achieve self-sufficiency
- PAL (Preparation for Adult Living) Stipend: provides financial assistance to youth who are working or enrolled in school
- MIYA: Health Insurance coverage for youth who have "aged out"
- Resources for college: State funded programs to help youth pay for continued education.

FACILITATOR NOTES**Module 4: Permanency, APPLA & Transition**

Equipment/Supplies

- Slide: *Hearings in Juvenile Court*
-

What you should know

What to say/do

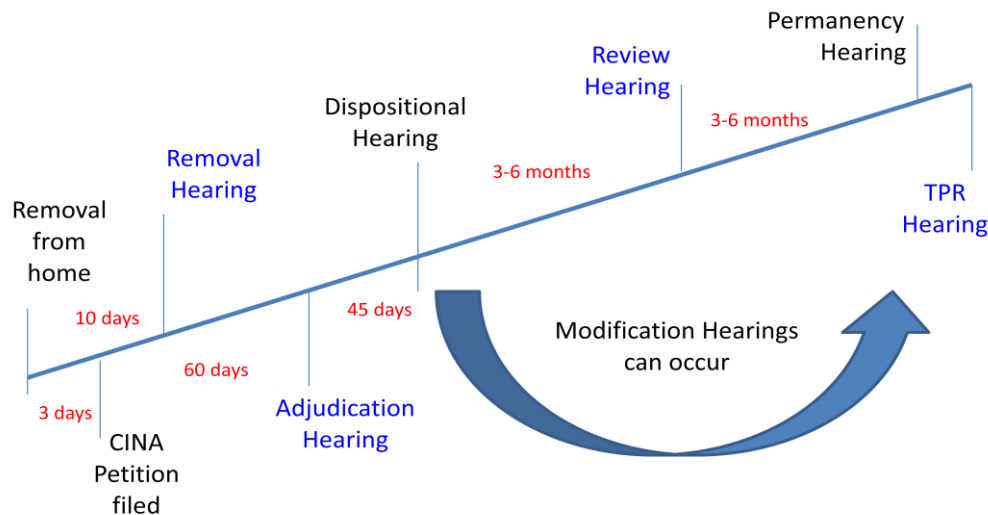
- **CUE SLIDE:** *Hearings in Juvenile Court*
- Remind Advocates of the permanency “clock” for children in care. At 12 months out of the home, the court should be conducting a permanency hearing to determine if the family is working towards reunification. If reunification looks unlikely, the court will look at other permanency options for the child such as adoption or guardianship with a relative.
- Compare this with the Myers timeline to help Advocates realize where we are at in the case. Removed 6/28/06. Permanency Hearing scheduled for June of 2007.

Please stress the following with Advocates

- Hearing continuances or other delays should not occur as a result of the Advocate’s inability to fulfill their responsibilities. Reports need to be completed and provided to a coach and/or coordinator by the due date. The due dates allow the coach and/or coordinator plenty of time to review the report and get it filed. Likewise, Advocates need to realize that court attendance is critical and mandatory. An Advocate should make every attempt possible to attend court hearings. It completely opposes our mission to advocate for permanency when a hearing has to be rescheduled or delayed due to the actions or inactions of an Advocate.

Moving Towards Permanency

As a case progresses through the court system and the child nears twelve months in an out-of-home placement, the court recognizes that she/he needs permanency. After a certain point, the court will need to determine if it's in a child's best interest to remain in limbo while his/her parent(s) work towards being able to parent safely and appropriately.



This man or woman is responsible for many tough decisions about the life of a child. CASA Advocates help to ensure Judges have the best information necessary to make these tough decisions. Attending hearings and providing this information to the Court is a vital piece of the CASA Advocate's job.

Hearing continuances and other delays may occur in the process, but as an Advocate, you can provide a gentle push to help ensure the child's needs are met while the other parties sort out the legalities. It is vitally important that CASA Reports are submitted to the Court on time. It is also important that Advocates attend court hearings. Unless extenuating circumstances exist, Advocates need to be present in court. A continuance or delay should never occur because the CASA Advocate did not fulfill his/her responsibilities.

FACILITATOR NOTES**Module 4: Permanency, APPLA & Transition**

Equipment/Supplies

- Slide: *The importance of a permanent connection* which is a video (16:41)
-

What you should know

25 minutes

This is a topic that is an undercurrent to every action an Advocate will take. It's a good place to share a story (no confidential information should be shared) from your own experiences about how the system either provided a wonderful permanent solution for a child or if the system failed a child.

What to say/do

- Finish talking about hearing continuances or delays by reading the As An Advocate red box information: *Your attendance at the court hearing is critical. Because of this, the Iowa CASA Program considers court attendance mandatory. If you have a conflict with attending a hearing, please contact your coach or coordinator as soon as you become aware.*
- **CUE SLIDE:** *The importance of a Permanent Connection*, which shows the video 'Every Kid is ONE Caring Adult Away from Becoming a Success Story' 16:41
- When the video is completed, transition away from this unit on the needs of children by asking for final questions. Answer any questions and remind advocates that it's okay to feel overwhelmed, saddened and even a little disgusted at the way the system doesn't always work for kids. Advocates can be the gentle push on the backs of the system to help change outcomes for children. For the Myers children, we always need to keep their permanency at the forefront of advocacy efforts. When making recommendations, always consider if the family is on track to meet the goals of reunification.

As an Advocate:

Your attendance at the court hearing is critical. Because of this, the Iowa CASA Program considers court attendance mandatory. If you have a conflict with attending a hearing, please contact your coach or coordinator as soon as you become aware.



FACILITATOR NOTES**Module 4: Communication Basics**

Equipment/Supplies

- Slide: *Switching Gears*
 - Slide: Video, *Empathy 101 Phil Dun-empa-phy (4:25)*
 - Slide: *Effective Communication*
 - Slide: *Communicating Effectively*
 - Slide: *Listening for Meaning*
-

- **What to say/do** This section on communication basics should take approx 20 min.
- **CUE SLIDE:** *Switching Gears* We are moving on to a new topic in today's training. Communication is an under-current in all things our CASA Advocates will do.
- **CUE SLIDE:** To begin the conversation on communication, lets watch how Phil Dunphy from TV's 'Modern Family' does it. Video: Reflective listening *Empathy 101 Phil Dun-empa-phy (4:25)*
- **CUE SLIDE:** Explain that *Effective Communication* is critical to the Advocate's ability to advocate for children. Good communication skills require Self-awareness and Sensitivity to the attitudes and behaviors that others bring to the interaction. This helps foster respect when others see your commitment and credibility as you maintain your role as a good communicator.
- Understanding the basic elements of communication can increase your skills in gathering the information you need to successfully advocate for a child.
- **CUE SLIDE:** *Communicating Effectively* One way to look at communication, both sending and receiving, is to think of it as occurring through several channels:
 - Verbal: One channel is the actual words spoken, the elements we traditionally think of as language and refer to as "communication."
 - Nonverbal: A second is the nonverbal channel. The meaning of a message is in the nonverbal packaging as well as in the words. The nonverbal code can be easily misread.
 - Feelings: The third channel is made up of the feelings that are experienced in the course of an interaction. The verbal and nonverbal channels can be observed. The "feelings" channel not easy to observe.
 - Ideally, the three channels match—there is no conflict between what someone says, what is conveyed by his/her body language, and what he/she feels. This is called congruence. For example, when a person who feels distrust for you speaks to you of that distrust and uses body language that matches both speech and feelings, that person's communication is congruent (aligned).
 - When someone's words and behavior are not congruent, there is a discrepancy between the verbal, nonverbal, and feelings parts of his/her message. This is called a double-level message. For example, a person communicates a double-level message when she says, "I love you" in a sarcastic tone of voice. Her words are saying one thing but her tone is saying the opposite. Sometimes such miscommunication stems from cultural differences in language and expression.
- **CUE SLIDE:** *Listening for Meaning* This is why we need to listen with three sets of ears. Whenever there is this kind of discrepancy between the verbal, the nonverbal, and the feelings components of a message, the receiver of the message will tend to believe the nonverbal. Given all the variables involved, it is easy to see why misunderstandings occur between people. Understanding the basic elements of communication can increase your skills in gathering the information you need to successfully advocate for a child.

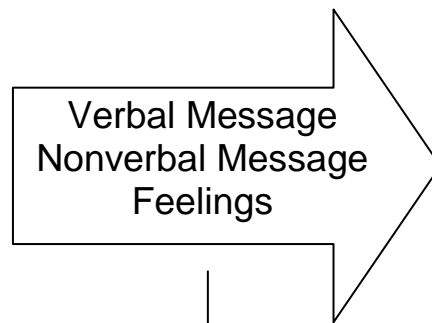
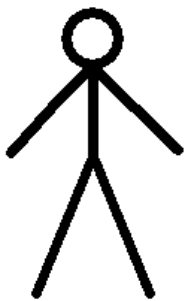
Importance of Communicating Effectively

An Advocate will be in contact with many people during research and monitoring of a child's case. A relationship characterized by respect and credibility will assist the Advocate to do the job. Respect is earned as others on the case see commitment to the child and to the role of Advocate for that child. Credibility is established when tasks are completed on time, recommendations are built on thorough research and independently verified information, and when the proper role of the Advocate is maintained.



Sending a Message

Intended Meaning
(What I am trying to say)



Perceived Meaning
(What I think she said)



Are the verbal, nonverbal messages
and feelings congruent?

Communication is a two-way street. It is defined as an interchange or an exchange of thoughts and ideas. Often the message a person intends to send is not the message that is received. How and what is said can be interpreted differently depending on the nonverbal cues that accompany the words. Communication experts suggest that words and their dictionary meanings are only one-third of any speaker's message.

FACILITATOR NOTES Module 4: Overcoming Communication Barriers

Equipment/Supplies

- Slide: *Barriers to Communication*
-

What you should know

What to say/do

- **CUE SLIDE:** *Barriers to Communication*
- *Physical* barriers are those that are easiest to identify. You may not have enough time to devote to a conversation or might be experiencing discomfort because of something that is distracting or difficult to talk about. Linguistic differences can also be included here and can easily lead to communication breakdown.
- *Cultural* communication barriers are those things that stand in the way of us understanding or an inability to get a point across because of a lack of cultural sensitivity or humility. These are the ethnic, religious, and social differences we may have with our communication partner.
- *Perceptual* barriers occur generally due to the fact that each individual interprets the world around him or her differently. We all generally want to receive messages which are significant to us, but any message which is against our values may not be accepted. A same event may be taken differently by different individuals. Perceptual barriers might include stereotypes, prejudices, level of education, age, gender, or culture.
- *Motivational* barriers exist when you are finding it difficult to be enthusiastic about what you're hearing or trying to say. Mental inertia (or getting into a mindset and refusing to change it), attitude, interest, willingness to communicate, willingness to persevere are causes of motivational communication barriers.
- *Experiential* barriers exist when you have difficulty being empathetic to the person communicating. Perhaps you have a lack of similar experience, or a difference in gender or culture role. Men and women can easily have experiential barriers to communication because it's difficult if not impossible to put yourself into the shoes of someone of the opposite sex.
- Ask participants if they have examples of any of these types of barriers? If none, provide examples. Never having had experienced having a child removed can be an experiential barrier. Sometimes a parent may appear to have a motivational barrier when they communicate with a negative attitude. We may have a barrier when a family's heritage or culture doesn't fit with our beliefs.

Remind Advocates that the best way to overcome a barrier is to be honest, forthright and transparent and to communicate on the level that is appropriate for the conversation. Presenting oneself professionally is different than presenting oneself as just one more professional on the case. Children and family members may relate better to an Advocate who is not over-dressed, isn't using professional jargon and presents a more casual demeanor. An Advocate who demonstrates that he/she does not have a hidden agenda will have an easier time creating an open dialogue of conversation and getting answers to the questions that are asked.

Common Barriers to Communication

Physical

time restraints
environment
comfort needs
physical disabilities

Cultural

ethnic
religious
social

Perceptual

stereotypes
prejudices
education
age
gender

Motivational

attitude
interest
mental inertia
willingness to communicate

Experiential

Lack of similar experiences

FACILITATOR NOTES**Module 4: Practicing communication as an Advocate**

Equipment/Supplies

- Slide: *Overcoming Communication Barriers*
 - Slide: *Activity - Reflective Listening*
 - Handout #5: *What Brings Me Joy 10 Things I like to do*
-

What you should know

This Section, practicing communication as an advocate, should take 85 minutes

What to say/do This section takes around 85 minutes

- **CUE SLIDE:** Go through the different ways of *Overcoming Communication Barriers* listed in the participant guide and on PowerPoint slide. Stress honesty, ownership and using clarification as approaches to gain trust with families.
- The best way to learn more about communication is to practice. Practice builds awareness and lets you do more than speak or listen. Practice lets you observe and have the experience of learning while you're listening.
- **CUE SLIDE: ACTIVITY: (15 minutes)** Listening is a very important skill to develop in your role as a CASA-Advocate.
- Using **HANDOUT #5**, write down 10 things you like to do. Write what specifically gives you joy when you do that activity. For example, "entertaining." Is it that you like to plan the menu? Do you like the grocery shopping? Do you like to decorate your home? Do you like greeting and welcoming people into your home?
- Next, divide the group into pairs. One person talks for 2 minutes about the things he/she likes to do and what gives her/him joy about them. The other person **cannot** say anything when that person is talking. After two minutes, the listener gets two minutes to provide feedback about what they heard the first person say and can provide positive feedback about what was said, i.e. What kind of person is he/she? e.g. "compassionate", "giving", "fun". Only one person can talk during each minute.
- Then repeat so the other partner has the opportunity to share.
- Debrief: After the activity, ask a few questions such as:
Was it hard not to respond verbally? Hard to listen without thinking? Is 2 minutes a lot of time? Was it hard to be quiet? Were you thinking of your response? Or thinking what questions you'd like to ask? What would happen if you did ask? Could the conversation have been diverted from what the person talking wanted to share- what if they only got to share point #3 because you spoke/asked questions and what was really important to them to share with us was #7?
- The CASA interview is not about us: our lives, our history or what we know. Our job is to listen, gather information, and make recommendations in our reports.
- Many Advocates get concerned that they won't remember everything that is said. However, this activity demonstrates that when we listen with intent and purpose, we do remember most of the important pieces. Also, point out to participants that when they were speaking, they likely felt important and listened to because the listener was intently trying to take in the information.

Tips to Overcome Communication Barriers:

- ✓ Use feedback in supportive ways, as soon as possible. Confine feedback to own feelings, not telling the receiver how they feel.
- ✓ Be sensitive to the receiver's point of view-be respectful. Be aware of boundaries of acceptability.
- ✓ Use direct, clear, simple language or one that is appropriate for the receiver.
- ✓ Be honest, with the receiver and with yourself, analyzing your feelings during the conversation.
- ✓ Listen well. Listen to respond and to understand - use Active Listening. Listen to yourself - take responsibility for yourself.

Activity - Reflective Listening: Please complete *10 Things I like to do: What brings me Joy* Handout. In pairs, have one person talk for two minutes about their 10 things while the other listens. In the following two minutes, have the listener reflect back what the speaker said and count how many of the 10 items the listener can recall. Then switch roles.

When we conduct interviews to gather information as a CASA Advocate, it's important to remember it's not about us, our lives or experiences. Be sure to allow time to let children, family members and other case parties talk without interjection. This helps the child or family member feel important, but most vital, they feel heard.

Finally, you may fear that you'll never remember everything that is said. What we hope you learn from this exercise is that you will likely remember the important things that were said. Those important pieces can jog your memory for details. As you return to a place where you're able to take better notes of the situation, you'll find you remember more than you thought you did.

FACILITATOR NOTES**Module 4: Practicing communication as an Advocate**

Equipment/Supplies

- Slide: *Four States of Interviewing*
-

What you should know

This section is all about activities to help Advocates practice the role. There may be an "extra" person who needs a partner, so a facilitator may need to step into the role. Additionally, there may be participants who don't like role playing. Try engaging these folks by asking questions such as "What kinds of things would you want to be sure to tell Amanda (the mother) as you're introducing yourself and your role?" Practicing in the classroom does add value; it is safe and helps Advocates be prepared for their real case.

What to say/do

- Each case is unique and unfolds in its own way, requiring different information in order to meet the needs of that particular child. The work as a CASA Advocate includes conducting interviews. These interviews have a significant impact on the case outcome.
- **CUE SLIDE:** Go through the *Four Stages of Interviewing* with the Advocate. Answer any questions they may have as they are identified.
- **Greeting:** --Identify yourself and clarify or confirm the role of the CASA Advocate.
--Create a cooperative, respectful, and professional climate.
--Have your goals clearly in mind.
- **Opening:** --Provide a clear understanding of what to expect and set the context for the interview:
--Explain the reason for the interview.
--Agree with the interviewee how much time will be allotted to the interview.
--Summarize what you hope to learn during the interview.
- **Body:** In this stage, you explore for information and responses related to your goal for the interview. The interview develops through dialogue and questioning:
 - Begin with broad, general, open-ended questions to facilitate participation and responses. An example of an open-ended question would be, "How would you describe your family?" or "Tell me about the day your children were taken into care." Such questions don't have a right or wrong answer and encourage open sharing of information—perhaps very different information than the interviewer anticipates.
 - Move to more specific, closed questions to sort and refine information and zero in on a topic. An example of a closed question would be, "Is your aunt still living nearby?" or "When was the last time you saw your child?"
 - Avoid "why" questions, which tend to sound judgmental.
 - Ask questions even if you think you know the answer. People's responses may confirm what you already know or may reveal a different perspective.
- **Closing** --Recap information learned and review any agreements you have made with the interviewee.
--Let them know if and when they may expect to hear from you again, when requested.

The Four Stages of Interviewing

Greeting

- Identify yourself and confirm the role of the CASA Advocate.
- Create a cooperative, respectful and professional climate.
- Have your goals clearly in mind.

"Hello. My name is ... I'm pleased to meet you. Thank you for taking your time to talk with me today."

Opening

- Provide a clear understanding of what to expect and set the context for the interview.
- Agree with the interviewee how much time you expect to spend.
- Summarize what you hope to learn during the interview.

"I hope to learn more about you and what you need and want. I'll ask you questions and you can ask me too. We'll just talk for about a half hour."

Body

- Explore for information and responses related to your interview goal.
- Begin with broad, general, open-ended questions to facilitate responses.
- Move to more specific, closed questions to refine information on a topic.
- Avoid "Why" questions.
- Ask questions even if you think you know the answer.

"How would you describe your family?"
"Tell me about your visits with your mom."
"What do you like to do in your free time?"
"When was the last time you saw your dad?"
"Have you seen a doctor recently?"

Closing

- Recap the information you learned.
- Review any agreements you made with the interviewee.
- Let interviewee know when they may expect to hear from you again.

"It was nice to learn about your family. I will call your worker to see if you can go on the field trip. I will come back to visit in two weeks if that's okay with you."

FACILITATOR NOTES Module 4: Practicing communication as an Advocate

Equipment/Supplies

Handout #5: *Introducing Yourself as a CASA Advocate*

Slide: *Activity - Introducing Yourself*

Slide: *Rapport and Trust*

What you should know

Advocates should be aware that they may never establish true trust with children or families, but modeling a relationship of rapport and respect will help children and parents in the long run.

What to say/do

- Remind participants that when they are determining the questions they'd like to ask in any particular interview, they need to remember the abilities of the person being interviewed and avoid leading, judgmental questions.
- The first thing Advocates must do when they meet someone is to introduce themselves and explain their role as a CASA Advocate.
- **CUE SLIDE: ACTIVITY: (10 minutes)**
- **HANDOUT #6:** Provide participants with the *Introducing Yourself as a CASA Advocate*. Have each participant complete the handout. Ask for a few volunteers to share their answers for each person being interviewed. Listen for advocates providing an explanation for their role in the introduction. Depending on the situation, an introduction might include the role of the advocate including such language as "I'm appointed by the judge" "I'm here to advocate for your child's needs" "I will be writing reports to the court."
- Next, **CUE SLIDE: Trust and Rapport**. Talk with the participants about the difference between the two. Explain that rapport is easier to build with children than trust, especially with children who have experienced some sort of abuse or neglect. Sometimes we meet people and have an immediate connection. Other times, it can be difficult to build rapport. Meeting people, especially teenagers "on their level" can help. This means that we pay attention to the other's social style. Does this person command attention? Is he/she expressive in his/her style? Is the person shy and closed off? Observing these cues can give you an idea of how to best relate to another person. It also helps build relationships with children when you can find strengths and immediately point these out, i.e. "I hear that you're good at basketball. Tell me about this."
- Trust can be difficult to establish with children and families involved in the child welfare system. Many have a long history of being let down time and time again. One of the most important things you can do as an Advocate to build trust is to follow through. If you tell a child you will visit next Wednesday, you must visit next Wednesday. Likewise, if you've told a parent that you would call their DHS worker and ask them to call the parent, please make sure you do so.

As an Advocate:

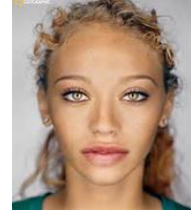
When planning an interview remember the age and intellectual ability of the interviewee; use clear and nonjudgmental language and avoid asking leading questions.

Activity - Introducing Yourself as a CASA Advocate:

One of the first tests of your communication skills as a CASA Advocate will occur when you introduce yourself and describe your role.

The facilitator will provide you with the *Introducing Yourself as a CASA Advocate* handout. Using what you've learned about communication so far in this Module, write what you would say to introduce yourself to:

- Mom, Amanda Myers
- Child, Jackson Myers
- Jackson's Teacher



We will discuss your introductions at the completion of the activity.

Establishing Rapport and Trust

The children on the cases which CASA Advocates serve have been traumatized by the abuse and neglect that brought them to the attention of the child protective services system and by all the life changes that have occurred as a result of the intervention. A CASA Advocate is likely to be one more new person in a long line of new people in the child's life.

As the Advocate investigates the case, he/she will meet and talk with the child, the child's family, the child's extended family and neighbors, and the professionals who are working with the child and his/her family.

***"Rapport"** can be defined as a mutual relationship of trust or understanding.*

***"Trust"** can be defined as confident expectation or belief in another person's integrity.*

Developing rapport and trust with the child is a foundation of that relationship because the Advocate wants the child to openly and honestly share her/his feelings. Respecting privacy is also critical to establishing a trusting relationship.

FACILITATOR NOTES**Module 4: Practicing communication as an Advocate**

Equipment/Supplies

- Slide: *Rapport and Trust*
- Slide: *Relationships Built on Rapport and Trust slide cap built*
- Slide: *Video Interviewing Children*
- Handout #6: *Guidelines for Asking Questions*
- Handout #7: *CASA Interview Questions*
- Handout #3: *Sources of Information* (previously received)
- Handout #1: *Advocate Case Action Plan*
- Slide: *Activity - Practice Interviewing*

What you should know

The purpose of this activity is to investigate child-related issues. Even though participants will be interviewing Amanda, they should keep the conversation focused on Jackson and his needs.

What to say/do

- **CUE SLIDE:** Define *Rapport and Trust* – see slide.
- **CUE SLIDE:** Read over the characteristics of a *Relationship Built on Rapport and Trust*. Remind participants that building a relationship will ultimately be in the child's best interest, but sometimes, the child will not communicate. It is when this happens that the advocate needs to remember all the other 'behind the scenes' work that can be done to gain information about the child.
- **CUE SLIDE:** Show the Video on introducing yourself and *Interviewing Children*. (5 minutes) After the video, debrief this with participants. Notice how Rose establishes rapport with Jasmine and introduces herself to the child and foster mother.
- To continue, we will be practicing the role of the CASA Advocate when interviewing different persons on the case.
- Provide Handout #6: *Guidelines for Asking Questions*. Tell the Advocates that this is an extensive tool that has lots of good ideas for questions for all types of individuals an Advocate might encounter on their case. Have the participants look at the questions on the last page that demonstrate cultural sensitivity and exploration.
- **CUE SLIDE: ACTIVITY: (45 minutes)** Provide participants with Handout #7: *CASA Interview Questions*.
- Ask participants to gather in groups of three. Will do three 10 minute role playing sessions.
- As options, Using the *Guidelines for Asking Questions* Handout #6, the *CASA Interview Questions* Handout #7, *The Sources of Information* Handout #3 along with their *Advocate Case Action Plan: Parts 1 and 2*, Handout #1 have the participants take a few minutes to look at questions they'd like to ask of Amanda, Jackson and Jackson's teacher. Does the Advocate have questions they can ask during this exercise?
- One participant should chose to be Amanda, Jackson or Jackson's teacher while another participant should be Miki Getz, the Advocate, asking questions. When the Advocate is asking questions of Amanda, the questions should be child-focused. Examples of this are on the second page of the *CASA Interview Questions* Handout #7.
- The third group member will listen and observe, taking notes. After each session, allow two minutes for the observer to provide feedback to the participant playing the Advocate. Encourage the participant who is playing Miki to look at the questions on the *CASA Interview Questions* Handout when she/he is interviewing either Jackson or Amanda.
- When the 36 minutes is up, bring the group back together. Ask the participants to share some of their experiences about the role-playing. Were the participants able to form questions to get the information they needed? Did anyone ask a particularly good question that can be shared with the group? What might a participant modify about what and how you communicate to children and families in the child welfare system?

A relationship characterized by rapport and trust . . .

- Should be built on a sincere interest in the child as a person, as well as the child's well-being
- Takes time and energy
- Involves actively listening to the child's words and observing his/her nonverbal cues
- Needs nurturing, honesty and is developed for the benefit of the child.

As a Child Advocate, you will practice the art of watching for wordless messages to see if the verbal and nonverbal messages match or are congruent. It is important to “hear” the silent messages. There are few, if any, nonverbal signals that consistently have the same meaning. Nonverbal communication incorporates cultural norms and actual body language. For example, the use of eye contact can convey different messages depending on a person’s culture. In some cultures, a person who makes direct and sustained eye contact is perceived as honest and forthright, while in other cultures this same behavior would be perceived as rude and disrespectful.

Activity - Lets Practice Interviewing:

In groups of three one person will role play the role of either Amanda, Jackson or Jackson's teacher. One person will role play Miki Getz, the Advocate. The third person will be observing the interaction and will provide feedback at the end of the interaction.



Consider the questions and concerns that you've developed so far on your *Advocate Case Action Plan: Parts 1 & 2* Handout #1. Using this as a guide, along with Handouts # 3, 7 and 8 begin questioning your partner. As the Advocate, think about what you would like to convey and how best to convey it.

Keep in mind the tone of your voice, your posture and language. When role playing Miki Getz, try to reflect back what you hear from the case participant. When interviewing Amanda, be sure the questions are focused on the needs of the children. If necessary, ask the speaker to clarify his/her point.



You will have 10 minutes for each interaction and 2 minutes for feedback.

FACILITATOR NOTES**Module 4: Confidentiality**

Equipment/Supplies

- Slide: *Confidentiality as an Advocate*
 - Slide: *Advocates are an Information Sponge*
-

What you should know

This section, Confidentiality = 30 minutes

Understand the Iowa Code and CASA Policies and Procedures (P&P) regarding confidentiality of records and information.

What to say/do

- **CUE SLIDE:** The final subject that will be addressed in Module 4 is *Confidentiality in the role of Advocate*. Confidentiality is vitally important in this CASA Advocate role because the Advocate is involved in a process in which mishandling of personal or family information could have a serious negative effect on a family or child. Seven different sections of the Iowa Code, address confidentiality of information by CASA Advocates. Advocates receive a copy of these code sections so they can study them before they are sworn in. Upon being sworn in, they must take an oath that they have read the pertinent code sections.
- If confidentiality is breached, the CASA Advocate can be dismissed from the program or face criminal charges in addition to potential civil penalties from those whose confidentiality was breached. This is why maintaining confidentiality is important.
- **CUE SLIDE:.** CASA Advocates collect information like an *Information Sponge*. They can legally speak with and disclose confidential information to DHS, GAL and the County Attorney. Advocates are also able to participate in and disclose potential confidential information in Family Team Meetings. Beyond this, information is only disclosed in the Report to the Court.
- Talk with Advocates on the types of information that are confidential.
 - Case Plans
 - Child Protective Services Reports
 - FSRP/BHIS Reports
 - Mental Health Information (verbal and written), child or parent
 - Substance Abuse Information (verbal or written), child or parent
 - Health Information
 - School Records
 - Juvenile Court Orders and other filings
- Another situation where confidential information should not be shared is in meetings or trainings with parties that are not privy to the case information. If an advocate attends a training session, they should not talk directly about their case or use identifying information when asking questions.
- Ask the Advocates if they can think of any others?

Case records maintained by the Advocate either electronically or on paper should be kept in a location in your home that is not easily accessed by your family members. Likewise with the use of email, Advocates should not use an email address that is accessible and used by other members of the family.

Confidentiality and the CASA Advocate

An advocate has access to confidential information about children and the people involved in those children's lives. By law this information may not be released except to the child, Child Advocacy Board staff, the attorney(s) on the case, the caseworker and the court. Mistakes in handling confidential information can be detrimental to the children involved and can bring criminal action against the people who misuse the information. When in doubt, Child Advocates should discuss any confidentiality concerns with a supervisor.

What is actually confidential? There are different definitions of "confidential;" some quite clear and others vague. If a source designates information as confidential then it must be regarded that way. The Ordering Appointing CASA allows the Advocate access to any piece of information about the child; confidential or not, without parental consent. An information source might ask for a court order of appointment or inquire about why the Advocate is entitled to such information. In this case the court order is produced together with photo identification and your Child Advocate name badge.

Child Protective Services' records are confidential and are not available for public inspection. It is especially important that the name of any person who has made a report of suspected child abuse and/or neglect not be revealed. School records are also confidential. There are legal privileges that protect communications such as attorney/client, doctor/patient, priest/parishioner, psychologist/patient, and caseworker/client. Such communication, whether verbal or written, is all confidential and must remain so, unless a court order specifically states otherwise.

As an Advocate:

The information you obtain in your role, must be held as confidential. The information is released only as follows:

- a. In the CASA Report to the Court,
- b. Between hearings, the CASA Advocate is authorized by law to disclose information only to DHS, the Guardian Ad Litem and the County Attorney, and
- c. At a Family Team Decision Making meeting or a Youth Transition Decision Making meeting, the CASA Advocate is authorized to share and discuss confidential information.

FACILITATOR NOTES**Module 4: Confidentiality**

Equipment/Supplies

- Slide: *Locked File Folder or prior pg*
 - Slide: *Situations for Confidentiality Consideration*
-

What you should know

Be prepared to share a story of a talk you've had with a child in your CASA work where you needed to share case information with the child.

What to say/do

- **CUE SLIDE:** *Locked File Folder* Children are the subjects of the court proceedings and as such, they (especially children ages 14 and over) have the right to know what is going on. That being said, there are ways to keep a child informed without upsetting or overwhelming the child.
- ✓ Consider the child's age and maturity level when telling them about case-happenings. When you're gathering information about what a child wants in preparation for a permanency hearing, it's appropriate for a young child to know that you are part of a team and you're all working on figuring out what is in the child's best interest. For an older child, information shared should be commensurate with their maturity level. You can tell an adolescent that you'd like to act as his/her voice and ask what the child wants the judge to know. For an older child, you can be relatively candid about your recommendations and the facts you have to back them up.
- ✓ Advocates need to be aware that they are not a source of information for foster parents. This is understandably frustrating, as foster parents may come to an Advocate with questions on case progress. They are providing 24-7 care for the child, yet sometimes are the least informed as to any progress. However, Advocates cannot divulge information just because they are sympathetic to this situation. Foster parents and relative caregivers need to obtain information from DHS or the in-home providers working with the children and parents.
- ✓ There are times when the information an Advocate has would benefit a foster parent. In that situation, the Advocate should contact the DHS case worker and ask that they share the information with caregiver. The Advocate should not disclose the information on his/her own. Similar to above para
- **CUE SLIDE:** Ask Advocates to consider what they would do in the following potential situations from our case study on the next slide (*Situations for Confidentiality Consideration*).
 - ✓ Ms. Malow has learned that Aubrey was going to be participating in a mental health evaluation and asks Miki Getz about the results. Can this be released? If not, what should Miki say?

No, Miki cannot share. She should tell the teacher she is unable to share, but encourage the teacher to speak with Amanda about how she can help Aubrey.
 - ✓ Emma Jones, Shiloh's foster parent asks how Amanda is doing in her mental health treatment? Can this be released? If not, what should Miki say?

No, Miki cannot share. Miki should refer Emma to Crissy Jacobs, DHS.
- This coverage also extends from one parent to the other. Generally, even if parents are still together, they will likely have separate attorneys in the event they encounter separate interests throughout the life of the case. Although it may seem counter-intuitive, we cannot share information between parents unless there is a signed release giving permission to do so.

What information should the advocate share with the child?

It is expected that the Advocate develop a meaningful relationship with the child in order to make sound, thorough, and objective recommendations in the child's best interest. The Advocate also ensures that the child is appropriately informed about relevant case issues, considering both the child's age and developmental level. The child is informed in an age-appropriate manner of impending court hearings, the issues to be presented, the recommendations of the Advocate, and the resolution of those issues. If there is any question about what information should be shared with the child, the advocate should ask their coach or coordinator.

Sharing information with the child's placement caregivers or other family

A CASA Advocate is not a source of information about the child's case for foster parents, relative caregivers or other family members. Nor is the Advocate responsible to advocate for the caregivers themselves. The exception to this would be if the foster parent or caregiver needed additional services to support the child's placement and prevent disruption to the child's placement or to meet the needs of the child. The advocate focuses on the child's needs and keeps the child informed about the case as appropriate. The child's foster parent or relative caregiver may seek information from the Advocate about the children in their care, but foster parents' contractual relationship is with DHS and therefore, if they need information, they should seek this from their DHS worker.

There may be instances where an Advocate has information that would help a foster parent care for a child. Suppose, for instance, that the Advocate knows the child has a history of sexual victimization and that he/she has been moved from an earlier foster home after being found in bed with a younger child. The current foster parent does not have this information and there is another young child in the home. In such a case, it is clearly in the best interest of both the child and other children in the home that this information be shared. After discussing the issue with CASA Program staff to determine the best approach, the Advocate should contact the caseworker and state a clear expectation that this critical background information be shared with the current foster care provider. An Advocate should not share this information directly.

FACILITATOR NOTES**Module 4: Confidentiality**

Equipment/Supplies

- *Consent to Obtain Information, Health and Non-Health.* Copies of both forms are located in the participant manual Pages 34, 35 and 36.
-

What you should know

Read the CASA P&P for more information on how to complete the forms.

What to say/do (2 minutes)

Remind Advocates that the Order Appointing CASA allows an Advocate to access any piece of information about the child without parental consent. However, when the Advocate needs information about a parent or any other person involved in the case, who is not specifically listed on the court order appointing CASA, the Advocate will need to use the Consent to Obtain Information form with the individual.

There are two consent forms. The Consent to Obtain Health Information Specific to Health-Related Information needs to be used when seeking any information coming from any medical professional. This is just intended to be an overview, not a detailed description of how to fill out the forms. There is an example of a completed health-related consent in the case study, page 67.



**CONSENT TO OBTAIN INFORMATION
SPECIFIC TO HEALTH-RELATED INFORMATION**

Client Name: _____

Client Date of Birth: _____

I, (client/parent/guardian) _____, authorize the Court Appointed Special Advocate (CASA) Program and the CASA, _____, to obtain health-related information from:

(Name or title of Individual or Organization)

(Provide at least one of the following where release should be sent: address, phone number, fax number or email address)

The information requested includes:

- ☐ Duration and or Summary of Program Involvement
- ☐ Discharge Information
- ☐ Social/Psycho-Social Information
- ☐ Medical history/Physical Exam/Lab results
- ☐ Dental records
- ☐ Drug use history
- ☐ Drug analysis testing results
- ☐ Evaluation, Assessment, Recommendations and Treatment Plan
- ☐ Psychiatric records, medication management and other psychiatric services provided
- ☐ Psychological records, testing results and services provided
- ☐ Other (identify): _____

The purpose for this request for information is to:

- ☐ Determine parent involvement in their own treatment and services
- ☐ Facilitate significant other involvement in client treatment
- ☐ Obtain corroboration/verification of client's reported history and behavior
- ☐ Facilitate legal representation regarding _____

(Names of children adjudicated CINA)

NOTE: If the information **includes mental health treatment, substance abuse treatment or HIV-related information** it will not be released unless the patient agrees to the release on the reverse side of this form.

FACILITATOR NOTES

Module 4: Confidentiality

Equipment/Supplies

What you should know

What to say/do

SECTION II. SPECIAL RELEASE

I specifically authorize the release of:

- | | |
|--|---------------|
| <input type="checkbox"/> Mental Health records | Initial _____ |
| <input type="checkbox"/> Substance Abuse records | Initial _____ |
| <input type="checkbox"/> HIV/AIDS information | Initial _____ |

Federal and/or State law specifically require that any disclosure or REDISCLOSURE of substance abuse, alcohol or drug, mental health, or AIDS-related information must be accompanied by the following written statement:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient.

See also Chapter 228 and Chapter 141A of the Iowa Code and other applicable laws.

If mental health information is being disclosed, I acknowledge receipt of a copy of this Authorization.

I, (client/parent/guardian) _____, allow the Court Appointed Special Advocate Program to obtain the above health-related information and use the information in reports to the Court and to facilitate my program involvement. I may revoke this consent at any time by supplying a written request to revoke (except where actions have already been taken on the basis of this consent). If I do not revoke this consent, this document will be null and void 60 days after the dismissal of Juvenile Court or one year from the date of signature.

Signature of Client or Parent/Guardian of Minor Client

Date

Printed Name

Relationship to Client

Witness Signature

Date

FACILITATOR NOTES**Module 4: Winding down:**

Equipment/Supplies

- Slide: Removed Video, second part of part 1.
-

What you should know

This section should take approx 15 min.

What to say/do

- The second consent form on page ____ is a generalized form. This should be completed when seeking information about a parent or other individual that is not health-related, such as employment information or probation information.
- When assigned to a case, your coach or coordinator will help you complete these forms the first time.

CUE SLIDE: Video ReMoved Part 1, Second half.

Inform participants that we will be watching a video that continues the story of Zoe and Benaiah. Tell participants, as they view the clip, please consider what you've learned in this Module about Minimum Sufficient Level of Care, trauma, toxic stress, ACEs and the importance of concurrent planning in achieving timely permanency for children. You will see more of the ReMoved story in Module 6 training.

- After the video, debrief with the participants by asking for their thoughts and reaction to the video. What are her needs? i.e. sibling visitation, stability in homes, therapy that is effective and engages Zoe, trauma care, etc. What are some of the ways trauma has affected Zoe? i.e. the foster parents gift of a dress was a trauma trigger for Zoe and reminds her of the domestic violence in her home. She also experienced system-induced trauma when her first foster parent over-reacted to the record player. Some child behaviors, those inexplicable things children do, can be caused by trauma.
- This video reminds us that each piece of our advocacy for a child should keep the needs of the children in the forefront of our efforts. Advocates can help by reminding those who have the power that the child's needs and best interest should always be of paramount importance.

**CONSENT TO OBTAIN INFORMATION****TO BE USED TO ACCESS ALL OTHER NON-HEALTH-RELATED INFORMATION**

Client Name: _____

Client Date of Birth: _____

I, _____
(Client name)CASA _____
(CASA name) to obtain the following information from:_____
Title of Person or Organization, address & phone) (Name or

The information that is being requested includes:

- ☐ Initial Assessment
- ☐ Duration of Program Involvement/Summary of Program Involvement/Discharge Information
- ☐ Social History
- ☐ Legal History
- ☐ Name, Address, SS Number
- ☐ Drug Analysis Testing Results
- ☐ Financial History
- ☐ Employment Records/School Records
- ☐ Evaluation, Recommendations and Treatment Plan
- ☐ Other: _____

The purpose for this request for information is to:

- ☐ Determine parent involvement in their own treatment and services
- ☐ Facilitate significant other involvement in client treatment
- ☐ Obtain corroboration/verification of client's reported history & behavior
- ☐ Facilitate legal representation regarding: _____

(Names of Children Adjudicated CINA)

I, (client/parent/guardian) _____, allow the Court Appointed Special Advocate Program to obtain the above information and use the information in reports to the Court and to facilitate my program involvement. I may revoke this consent at any time by supplying a written request to revoke (except where actions have already been taken on the basis of this consent). If I do not revoke this consent, this document will be null and void 60 days after the dismissal of Juvenile Court or one year from the date of signature.

Client's Signature_____
Date

FACILITATOR NOTES Module 4: Evaluation

Equipment/Supplies

- Slide: *Congratulations, You've made it through Module 4*
-

What you should know

10 to 15 minutes

What to say/do

- **CUE SLIDE: Learning Objectives/Congratulations**
- Ask for any final questions for the day
- Address any parking lot questions if there are any
- Review the Learning Outcomes found on page 1.
 - ✓ Describe the information in a child's Case Permanency Plan.
 - ✓ Identify children's needs based on their developmental stage and individual circumstances.
 - ✓ Describe why permanency is so important for children.
 - ✓ Demonstrate and practice communication and interviewing skills.
 - ✓ Define why confidentiality is paramount for Advocates and the children/families they are representing.
- Did we meet the learning objectives for the session? If not, ask for examples and be prepared to go over the material in question again.
- Ask the participants to complete the evaluations on participant page 38 and submitting them to the facilitator.
- Provide instruction about leaving items in the room if Module 5 will be completed the next day.
- Thank the Advocates for their time today.
- Tell the Advocates to take it easy and have a restful night.

Evaluation Module 4

Please complete this evaluation of the second pre-service training module. Did you learn what was intended? (6 is high and 1 is low)

Learning Outcomes	Ratings					
	6	5	4	3	2	1
1. Describe the information that can be found in a child's CPP						
2. Identify children's needs based on their developmental stage and individual circumstances						
3. Describe why permanency is so important for children						
4. Define why confidentiality is paramount for Advocates and the children/families they are representing.						
5. The content of this session was						
6. The notebook materials were						
7. The activities were						
8. The facilitator was						
9. Overall, I rate this session						

10. What was the most valuable to you?

11. Is there anything we could improve or do differently?

Name _____ Date _____

Thank you for your participation and feedback!